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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1203 CERTIFICATE OF DEATH

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| | | | Reg. | Dist. No. |
|--|--|---|-----------------------------|---|
| 1. PLACE OF DEATH o. COUNTY WASHINGTON | MARYLAND | 2. USUAL RESIDENCE (Where decease o. STATE NARGINIA | b. COUNTY - | dence befare admission) ATH |
| b. CITY OR TOWN (If autside carporate limits, write RUBAL and give nearest town) HAGERSTOWN | | c. CITY OR TOWN (If autside carp | orate limits, write RURAL a | nd give nearest tawn) |
| | 2 MO. | MILLBORO | ¥ 3 | X - 3 |
| d. NAME OF HOSPITAL (If not in hospital, give stre WASHINGTON COUNTY HO | SPITAL | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) IRENE | Middle ELSIE | ARMENTROUT 4. DATE | JANUARY | Day Year 24 19 60 |
| | ARRIED A NEVER MARRIED DIVORCED DIVORCED | B. DATE OF BIRTH 5/31/1888 | last burtliday) Manth | |
| 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) HOUSEWIFE | Db. KIND OF BUSINESS OR INDU HOME | STRY 11. BIRTHPLACE (State or foreign VIRGINIA | country) 12.0 | U.S.A. |
| 13. FATHER'S NAME ALBERT BOWMAN | | 14. MOTHER'S MAIDEN NAME MARY E. HAM | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, non-or ungknown) | | NFORMANT IRS. HERMAN CAUI | HAGERS LEY M | TOWN D. |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. | rondosis of Go rone ho freeen Answery Febr | onia | | Sureha |
| | leart Disease | | | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | ESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in Part I or Pa | art II of item 18.) | |
| Haur a.m. Wh | , | ACE OF INJURY (Hame, farm, 20f. (Ci ctary, street, affice bldg., etc.) | ty ar tawn) | (Caunty) (State) |
| 21. I certify that I attended the dece alive an 1/24, 19 ACTUAL SIGNATURE SECTION SPECIAL STREET SECTION SPECIAL SECTION SPEC | / | ADDRESS (| | last saw the deceased the date stated abave DATE SIGNED |
| 220. BURIAL, CREMATION, 226 DATE THEREOF 1/27/60 | WEST AUC | | ATION (City, town, or count | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS / | 240. REC'D BY REG! JAN 2 7 '60 DATE | | |

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| ter death. | | | | | | | 1 | 200 | 1 |
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEIC ATE OF DEATH

| 3204 | CERTIFICA | AIE OF DEATI | 1 | | Reg. Dist. | No. | |
|--|-----------------------|---|------------------------|---|----------------|---------------------|---------------|
| 1. PLACE OF DEATH o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (WHO o. STATE Maryl | | l lived. If institution b. COUNTY | | | |
| RURAL and give nearest town) | NGTH OF STAY IN 16 | c. CITY OR TOWN (IF | | rote limits, write R | URAL and give | nearest town | 1) |
| d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Washington Co. Ho | | d. STREET ADDRESS | Avenu | l O | 3 6 | | FARM? |
| 3. NAME OF DECEASED (Type or print) Anna Mae | Middle B ar | Last | 4. DATE OF DEATH | Man | 3 O | | Year 19 60 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED | NEVER MARRIED | 8. DATE OF BIRTH 7-14-1921 | | 9. AGE (In years lost birthdoy) 38 yrs. | IF UNDER 1 Y | EAR IF UNDE | |
| 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) None | OF BUSINESS OR INDU | STRY 11. 8IRTHPLACE (Stote Marylan | - | ountry) | U.S | N OF WHAT C | OUNTRY? |
| 3. FATHER'S NAME William H.Barber | | 14. MOTHER'S MAIDEN N | | e H.Bar | ber | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA | | rs.Louise E | .Gilb | ert,Bru | | k, Md. | |
| Canditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRI | IBUTING TO DEATH 8UT | MOT RELATED TO THE TERM | INAL DISEASI | E CONDITION GIV | /EN IN PART 1(| (o) 19. WAS / PERFO | RMED? |
| OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH | OCCURRED 20e. PL | D. (Enter nature of injury in ACE OF INJURY (Home, form ctory, street, office bldg., etc. | n, 20f. (City | | (Cou | inty) | (Stote) |
| 21. I certify that attended the deceased from alive an actual signature PHYSICIAN'S NAME (Type) | at work | | | the causes an reet, city or lown, | | | |
| - REMOVAL (Specify) | NAME OF CEMETERY & | PR CREMATORY | | ION (City, town, | or county) | (Stot | e) |
| 3. FUNERAL DIRECTOR'S SIGNATURE Brunswick | Maryland | | D BY REGIST | RAR 24b. REGT | STRAK'S SIGN | Flores | a |

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MARYLAND STATE DEPARTMENT OF HEALTH

SION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
1205 CERTIFICATE OF DEATH DIVISION

| | a. COUNTY Walkington MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MM4999999 |
|---|---|--|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest frown) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) |
| 1 | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOSPITAL HOSPITAL | 408 Selver Spring affine very ses no |
| | 3. NAME OF DECEASED (Type or print) James Howard | BARNES 4. DATE Month Day Yeor DEATH 3 1960 B. DATE OF BIRTH 9. AGE (In yed's IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | Aug 29 1900 Syrs. Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) Jayuah 13. FATHER'S NAME | Silver garage Med. 4-5.9. |
| | Charles Preston Barnes | 14. MOTHER'S MAIDEN NAME) |
| | IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. II | berla H. Barnes, 411 Wallington Lev. S.S. Mxl |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate DUE TO DUE TO | rosclerosis Severe over year |
| | lying couse lost. (c) | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |
| 2 | Hypertensive carde | o vascular disease PERFORMED? YES \$\mathbb{P} NO \mathbb{D} |
| H | 20a. ACCIDENT WAS UNDERWING OR CONTRIBUTING CAUSE OF DEATH TEITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part I or Part II of item 18.) |
| | | ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote) |
| Ӈ | | January 29, 19 60 to January 31, 19 60 that (1) (we) last death accorded at 23, M, from the causes and an the date stated above. |
| / | 22a. SIGNATURE HOUNG & Chun 22c. PHYSICIAN'S NAME (Type) | M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 1960 22d. ADDRESS 1500 Penna Ave Hagerstown, Md |
| 0 | 23d. BURIAL, CREMATION, 23b. DATE THEREOF, 23c, NAME OF CEMETERY CORES (Specify) 34.3, 1961 34.44 Clark | Cemitrey Gaithersburg, Meryland |
| 1 | J. Suther Walters Litt Caually | 1 Na. DATE 18 3 '60 Cuthur S. Thomas |

TORS CERTIFICATE OF LEATH and the same of th ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

VS A15 (4) 1SM 9/5B

er death. Page 4

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the registrar priar to burial, crematian, ar remayal, and

| 1. PLACE OF DEATH a. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington |
|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Life C. LENGTH OF STAY IN 1b RURAL and give nearest town) Hagerstown |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital d. STREET ADDRESS 82 W.Franklin St. e. IS RESIDENT ON A FARM YES NO |
| 3. NAME OF DECEASED LOUISE INEZ BARROW Last January 21 19 6 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost birthday) 6. COLOR OR RACE White White Widowed Divorced Divorced August 9. 1898 9. AGE (in years lost birthday) 6. Whorths Days Hours Months Days Hours M |
| 10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Housewife Own Home 14. MOTHER'S NAME 12. CITIZEN OF WHATCOUN Hagerstown, Md. USA |
| Jacob Ridenour Mary Ridenour |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) No (If yes, give wor or dates of service) (16. SOCIAL SECURITY NO. INFORMANT Hagerstown, Mo |
| 18. CAUSE OF DEATH [Enter anly ane couse per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise ta immediate cause (a), stoting the under-lying cause lost. Cause (a), stoting the under-lying cause lost. Cause (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO |
| PERFORMED YES DI NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) |
| County C |
| 21. I certify that I altended the deceased from |
| 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/24/60 Rest Haven Cemetery Hagerstown Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Rest Haven Funeral Chapel Inc. Hagerstown, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJAN 2 6 '60 |
| Whee . a. Host |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| | 120 | CERTIFICA | IL OI DEAII | | F | Reg. Dist. No |). | 101 |
|--|--|---|--|-------------------------|-----------------|-----------------------------|-------------|------------------|
| 1. PLACE OF DEATH a. COUNTY W | ashington | MARYLAND | 2. USUAL RESIDENCE (WI O. STATE Maryla | | . COUNTY | Residence before ntgome | | ian) |
| RURAL and give r | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If | outside corporate lin | nits, write RUR | RAL and give ne | earest tawn | 1) |
| OR_INSTITUTION | TAL (If not in hospital, give street | | Boyds d. STREET ADDRESS RFD | | , , , | | | IDENCE FARM? |
| 3. NAME OF DECEASED (Type or print) | JOHN | WEBSTER | BEALL | 4. DATE OF DEATH | JAN. | D | -/ | Year 1960 |
| S. SEX | 6. COLOR OR RACE 7. MARR | RIED NEVER MARRIED B. | DATE OF BIRTH | 9. AG | | FUNDER 1 YEA Manths Days | R IF UNDE | ER 24 HRS |
| Male | White WIDOW | 32 | Dec.23, 19 | 907 | 52 yrs. | | | |
| during most of wa | ON (Give kind af work done 10b. rking life, even if retired) | | 1 | | | 12. CITIZEN C | | OUNTRY |
| Brick. | Layer | Construction | Mary 14. MOTHER'S MAIDEN I | rland | | US | A | |
| | n W. Beall | | Eva M. | | | | | |
| 15. WAS DECEASED EV | ER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. INF | ORMANT | FLICA | Addres | 5 | | |
| (Yes, no, or unknown) | (If yes, give war ar dates of service) | 7-26-8046 Mr | s Melvin W | . Beall | Mt. | Airv. | Ma | |
| | ATH [Enter anly one cause per li | | S HOLVIN | Dodin | , 114. | IN' | TERVAL BE | TWEEN |
| | ATH WAS CAUSED BY: | UNG ABSCESS | RIGHT L | OWER LO | RE | 0N | MOA | |
| 180X | IMMEDIATE CAUSE (o) | 5/14 /12-02-5 | , | | | | | |
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| gave rise ta | immediate Dus TO | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | 1/ | 1 |
| lying cause last. | the under- | RCINOMA OF | LEFT KIDN | EY (REC | URRE | NT) 4 | 144 | EAR |
| PART II. OT PULM | HER SIGNIFICANT CONDITIONS OF | CONTRIBUTING TO DEATH BUT N | | | | N IN PART 1(o) | | AUTOPSY RMED? |
| OR CONTRIBUTING | AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED. | (Enter noture of injury in | Port I or Port II af | tem 1B.) | | | |
| ZOc. TIME OF INJU Haur a. m. p. m. | RY Month, Doy, Year 20d. II While at war | Nat while facto | CE OF INJURY (Hame, form rry, street, affice bldg., etc | n, 20f. (City ar tav | vn) | (Caunty |) | (State |
| 21. I certify t | hat I attended the deceas | | 5, 1959, to soccurred at 8,25% | IAN. 3 M, fram the c | | at I last sa an the dat | | |
| ACTUAL SIGNATURE | George B | eren M | o. 1500 P | ENNSYL | VANIE | AUE | DAT | 3/6 |
| PHYSICIAN'S MAME (Type) | DR. GEORGE | BERCU. | HAGERS | TOWN, | MARY | LAND | | |
| 22a. BURIAL, CREMATION CONTRACTOR SEMOVAL (Specify | Jan. 5, 1960 | 22c. NAME OF CEMETERY OR Damascus M | | Damas | | ., | (Stot | e) |
| 23. EUNERAL DIRECTO | s signature la sonth | Damascus. | | D BY REGISTRAR | 24b. REGISTI | RAR'S SIGNATU | JRE | |

arthur & House

may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, or remaval, and in any event within 72 hours offer death.

TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur

TO HOSPITAL VS A15 (4) 1SM 9/SB

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| 4 | 00= | CERTIFICATE | OF DEATH |
|---|-----|-------------|----------|
| 7 | 200 | CERTIFICATE | OI DEATH |

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY Wa | shington | MARYLAND | 2. USUAL RESIDENCE a. STATE | (Where deceased liv | ed. If instituti b. COUNTY | | are admissio | n) |
|---|---|---|--|-----------------------|--------------------------------|--|------------------------------|-----------------|
| b. CITY OR TOWN (If out RURAL and give nearest Hagerst | town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If autside carporate | limits, write f | | earest town) | |
| d. NAME OF HOSPITAL (I | | street address) | d. STREET ADDRES | | v St. | | e. IS RESID ON A F YES | ARM? |
| 3. NAME OF DECEASED (Type or print) | First | Middle | Last | 4. DATE OF | Mar | | ay Ye | ear |
| 5. SEX 6. (| | Jane MARRIED NEVER MARRIED DIVORCED DIVORCED | Beard 8. DATE OF BIRTH May 16, 18 | | AGE (In years ast birthday) | IF UNDER 1 YEA Months Days | | 24 HRS. Min. |
| | Dive kind of wark dane ife, even if retired) | 106. KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE (| ick Co. | 75 yrs. ry) | 12. CITIZEN | | OUNTRY |
| 15. WAS DECEASED EVER IN | S Robert R U. S. ARMED FORCESS give wor or doles of service | 16. SOCIAL SECURITY NO. 17. | INFORMANT Mrs. Bessie | aura V. Sm Gold Ha | ith Add | | | |
| Conditions, if any, v gave rise to imme cause (a), stating the u lying cause last. | diate DUE TO | arterio | 7500 | wood | | | SET AND D | -Lo. |
| PART II. OTHER S 20g. ACCIDENT WAS UN OR CONTRIBUTING C | IDERLYING 20b. | DIS CONTRIBUTING TO DEATH BUT | | | | EN IN PART I(a) | PERFORA YES 1 | MED? |
| ZOC. TIME OF INJURY M Hour a. m. p. m. | lonth, Day, Year 2 | | LACE OF INJURY (Home, actory, street, affice bldg. | | lawn) | (County) | | (State) |
| 21. I certify that I alive an | attended the dec | ceased from 19 and that death | n occurred at Q | A.M. from the | | that I last s and an the da state) | ate stated | |
| 220. BURIAL, CREMATION, 2 REMOVAL (Specify) burial | 26. DATE THEREOF | 22c. NAME OF CEMETERY & | R CREMATORY | 22d. LOCATION | City, town, | or county) | (State) | |
| 23. FUNERAL DIRECTOR'S SIG | | ADDRESS | 24og | 850 | 24b REGA | STRARS SIGNATU | | |

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| ages 1, 2, and 3 to the funeral director. Page 4 should be | | pages I and 2 with the registror priar to burial, cremation, |
| Page 4 | | burial, |
| director. | les. | prior to |
| funeral | ir your fi | registror |
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| and 3 | be reto | and 2 w |
| 2 1, 2, | le 5 moy | poges 1 (|

| I tem 10 riim 2)) | MEDICAL EXA | MINER'S | CERTIFICAT | E OF DEATH | Reg. Dist. No. () 1.2 |
|---|--|---------------------|--|--|---|
| 1. PLACE OF DEATH o. COUNTY Washington | 1209 | MARYLAND 2 | o. Mar ylane | here deceased lived. If Instituti b. COUNTY | on: Residence before admission) |
| b. CITY OR TOWN (If outside corporate and give nearest town) | limits, write RURAL C. LENGT | OF STAY IN 16 | | outside corporate limits, write R | |
| Hagerstown M | | yrs o | 3 Magerst | own, Marylane | d to the second |
| d. NAME OF HOSPITAL OR INSTITU 106 W Bethel | | reet oddress) | 106 W. 3 | Bethel Street | e. IS RESIDEN ON A FAR YES NO |
| 3. NAME OF DECEASED (Type or print) | First Eliz | Middle abeth | Benson | 4. DATE Month OF DEATH Jan | Day Year 20 1960 |
| 5. SEX 6. COLOR O | R RACE 7. MARRIED NEVI | ER MARRIED 🔄 B. DA | ATE OF BIRTH | Total State A . A | FUNDER TYEAR IF UNDER 24 |
| Female Color | red WIDOWED [| DIVORCED [] | 7 2 1910 | 49 yrs. | Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind during most of working life, even if | of work dane 10b. KIND OF BUS relired) | SINESS OR INDUSTRY | 11. BIRTHPLACE (State | or foreign country) | 12. CITIZEN OF WHAT COUN |
| Domestic | Private | family | Rillevyi | | USA |
| 13. FATHER'S NAME | | 14 | I. MOTHER'S MAIDEN N | AME | |
| George Benso | | | Ruth Jet | tta ven 100 v | 2 |
| 15. WAS DECEASED EVER IN U. S. AR (Yes, no, or unknown) (If yes, give war o | a datas of control | URITY NO. 17. INFO | RMANT | Address | |
| ne | VT9-T4 | -EZUV Ani | na Washina | rten 106 W. 1 | Bethel St. |
| 18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE | | | 10 1.60 | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CA | | Alcoholis | (O.46% | ethyl) | 4 hours |
| 322.0 | DUE TO | _ // | 1 6 1 | 101 | |
| Conditions, if ony, which | (b) (b) | 211/44 | 11/1/14/14 | The literat | |
| (o), stoting the underlying | DUE TO | | 1/ | | |
| couse last. | (c) | | | | |
| ICATIC | | | | | N IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO |
| | 20b. DESCRIBE HOW INJU | RY OCCURRED. (Enter | noture of injury in Port | l or Part II af item 18.) | |
| 20c. TIME OF INJURY Month, Hour a. m. p. m. | Day, Year 20d. INJURY OCC While Not to work of work | while factory, | OF INJURY (Home, farm, street, office bldg., etc.) | 20f. (City or town) | (County) (Sta |
| 21, I certify that I took o | charge of the remains d | lescribed above, | , held an Autopsy | Inspection . | Inquiry , and find |
| death resulted from: No | itural causes . Accid | dent [], Suicid | e 🔲, Homicide | , Undetermined co | iuse - |
| 15 | MA | | | | |
| SIGNATURE | v funs | | D. CHIEF MEDICAL EX | AMINER [| DATE SIGNED |
| EXAMINER'S NAME (Type) | WITTE | 7 | ASSISTANT MEDICAL E | | 12/60 |
| 22a. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) | THEREOF 22c. NAME | OF CEMETERY OR CRE | MATORY | 22d. LOCATION (City, lown, or | county) (State) |
| Burial Jan 2 | 3 1980 Rese | | metery | Magerstewn | Marylan4 |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRE | SS | | BY REGISTRAR 246. REGIST | RAR'S SIGNATURE |
| John R Wat | ion & Was | erstoun | DATE | 27'60 Cnim | of S. Kraus |
| V | | | Lu Lu | | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A1S (4) 1SM 9/SB

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
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CERTIFICATE OF DEATH

| | | 195 | 29 CERT | IIICAI | L OI DEA | | | Reg. Di | st. No. | |
|---|---|-------------------------------|--------------------------------------|----------------------|---|-------------------|------------------------------------|-------------|-------------------|----------------------------|
| 1. PLACE OF DEATH o. COUNTY | Washingto | n | MAR | YLAND 2. | o. STATE | Where decease | ed lived. If institution b. COUNTY | | shins | |
| b. CITY OR TOWN (I | If outside corporate limi | | c. LENGTH OF STAY | 'IN 1b | c. CITY OR TOWN (I | f autside corp | orate limits, write f | 7100 | ~ ~ ~ ~ ~ ~ ~ ~ ~ | 2 |
| Smithsbu d. NAME OF HOSPII OR INSTITUTION | TAL (If not in haspital, g | give street | 78 year | s | Smiths d. STREET ADDRESS | | O.L | | | IS RESIDENCE ON A FARM? |
| | ain St. | | | | South | | St. | | | YES NO K |
| 3. NAME OF DECEASED | Fi | st | Middle | | Last | 4. DATE OF | Mar | nth | Day | Year |
| (Type or print) | | ett | | | Bishop | DEATH | | an. | 14 | 1960 |
| S. SEX | 6. COLOR OR RACE | | RIED NEVER MARRI | - D | DATE OF BIRTH | 3.003 | 9. AGE (In years lost birthdoy) | Months | \rightarrow | Hours Min. |
| Female | White | WIDOW | | | ent. 18. | 1881 | | 112 CIT | TZENLOE VA | VHAT COUNTRY |
| during most of wor | king life, even if retired |) | KIND OF BUSINESS C | JK INDUSIKI | | | country) | 12.011 | IZEN OF W | HAT COUNTRY |
| Librari | an | | | 1, | Smiths | The second second | | | | |
| 13. FATHER'S NAME | | | | | 4. MOTHER'S MAIDEN | | | | | |
| John H. | | | | | | ce Be | | | | |
| 15. WAS DECEASED EVE (Yes, no. ar unknown) | R IN U. S. ARMED FOR (If yes, give war or dates of s | ervice) | social security no | Wm . | M. Clark | | 6 Niaga lege Pa | ra Ro | oad Maryl | land |
| 18. CAUSE OF DEA | ATH [Enter only one co | | | | and Oriental | | | | INTERV | VAL BETWEEN |
| PART I. DEA | TH WAS CAUSED BY: | . Cor | onary Oc | | on | | | | | AND DEATH |
| 420. | DUE TO | | onary oc | | | | | | | |
| Conditions, if o | | Gen | eralized | Arte | rioscler | osis | | | 5 | Yrs. |
| couse (o), stoting | the under- | | | | | | | | | |
| | HER SIGNIFICANT CON | , | | EATH BUT NO | OT RELATED TO THE TER | RMINAL DISEA | SE CONDITION GI | VEN IN PAR | | WAS AUTOPSY PERFORMED? |
| 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) | | | OCCURRED. (I | Enter nature af injury i | in Part I ar Pa | irt II af item 18.) | | | |
| 20c. TIME OF INJUR Haur o. m. p. m. | RY Manth, Day, Ye | or 20d, II While of wor | NJURY OCCURRED Not while k ot work | 20e. PLACE factor | OF INJURY (Hame, fa y, street, affice bldg., | etc.) 20f. (Cit | ty or town) | (| (County) | (State |
| 21. I certify th | nat I attended the | deceas | ed framl_ | 14 | _, 19.60, ta_ | 1-14 | , 1960 | that I le | ast saw | the decease |
| alive an_7 - | 14 | | | | corred at 9:3 | | | | | |
| ACTUAL CIGNATURE | harles & | 7. / | 2/- | M.D | | | Street, city or town, | | 1-14 | DATE SIGNE |
| PHYSICIAN'S NAME (Type) Ch | arles F. | Hess | M.D. | | Smit | hsbur | g, Md. | | | |
| 220. BURIAL, CREMATIC REMOVAL (Specify) | |)F | 22c. NAME OF CEM | ETERY OR C | REMATORY | 22d. LOCA | ATION (City, town, | or county) | | (State) |
| Burial | Jan. 16 | . 10 | 60 Smith | sburg | Cemeter | y Sm | ithsburg | D* | | Ma |
| 23. FUNERAL DIRECTOR | 'S SIGNATURE | | ADDRESS | | 24a. RE | C'D BY REGIS | STRAR 24b. REG | ISTRAR'S SI | GNATURE | |
| Scott F. | Minnich 8 | Sor | n, Smiths | burg, | Md . DATE | JAN 1 8 | 60 0 | 71 - 0 | · 4 | THE RES |

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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1210

CERTIFICATE OF DEATH

| white WIE N (Give kind of work done ng life, even if retired) E. Blickens | I day Ireel address) pital Middle BLA INE MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED LIVERS OR IN 10b. KIND OF BUSINESS OR IN | o. STATE Ma: c. CITY OR TOW Sr d. STREET ADDR 12 S. Ma: Lost BLICKENS' B. DATE OF BIRTH July 9, 19 ADUSTRY 11. BIRTHPLACE Hager: 14. MOTHER'S MA | A. DATE OF DEATH 956 (Stote or foreign coursetown, Mary | Moning AGE (In years last birthday) 3 yrs. http://www.age.age.age.age.age.age.age.age.age.age | Washi | e nearest to e. IS R ON YES Day 15 | Yeor 1960 DER 24 HRS. Min. |
|---|--|--|--|---|--|--|--|
| rest town) Wn L (If not in hospital, give s n County Hos First WALTER 6. COLOR OR RACE 7. White N (Give kind of work dane ng life, even if retired) E. Blickens IN U. S. ARMED FORCES? | I day Ireel address) pital Middle BLA INE MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED LIVERS OR IN 10b. KIND OF BUSINESS OR IN | A STREET ADDR 12 S. Ma: Lost BLICKENS: B. DATE OF BIRTH July 9, 1: ADUSTRY 11. BIRTHPLACE Hager: 14. MOTHER'S MA Dor: | in Street A DATE OF DEATH Stole or foreign cours town, Mariden NAME | January AGE (In years last birthday) 3 yrs. http://yland | IF UNDER 1 Months D | e. IS R ON YES Day 15 YEAR IF UN Pays Hour | esidence A FARM? NO TE Yeor 1960 DER 24 HRS. s Min. |
| MALTER 6. COLOR OR RACE N (Give kind of work dane ng life, even if retired) E. Blickens IN U. S. ARMED FORCES? | Middle BLA INE MARRIED NEVER MARRIED DOWED DIVORCED DIVORCED TOB. KIND OF BUSINESS OR IN TAFF | BLICKENS B. DATE OF BIRTH July 9, 19 HOUSTRY 11. BIRTHPIACE HAGET 14. MOTHER'S MA DOT: | in Street A. DATE OF DEATH 956 (Stote or foreign course town, Mary DEN NAME | January AGE (In years last birthday) 3 yrs. ntry) yland | IF UNDER 1 Months D | Doy 15 YEAR IF UN Pays Hour | Year 1960 DER 24 HRS. |
| First WALTER 6. COLOR OR RACE 7. White WIGive kind of work dane ng life, even if retired) E. Blickens IN U. S. ARMED FORCES? | Middle BLA INE MARRIED NEVER MARRIED DOWED DIVORCED DIVORCED TOB. KIND OF BUSINESS OR IN TASS 16. SOCIAL SECURITY NO. | BLICKENS B. DATE OF BIRTH July 9, 19 IDUSTRY 11. BIRTHPLACE Hager 14. MOTHER'S MA Dor: | 956 (Stote or foreign coursetown, Mary | January AGE (In years last birthday) 3 yrs. ntry) yland | IF UNDER 1 Months D | YEAR IF UN Pays Hour | 1960 DER 24 HRS. s Min. |
| white WIE N (Give kind of work done ng life, even if retired) E. Blickens IN U. S. ARMED FORCES? | DOWED DIVORCED DIVORC | July 9, 19 Hager: 14. MOTHER'S MA Dor: | (Stote or foreign courstown, Mar | last birthday) 3 yrs. htry) yland | Months D | NOF WHAT | s Min. |
| E. Blickens IN U. S. ARMED FORCES? | taff 16. SOCIAL SECURITY NO. | Hager: 14. MOTHER'S MA Dor: | stown, Mar | yland | | | COUNTRY? |
| IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | | is Whittin | gton | | | |
| IN U. S. ARMED FORCES? Fyes, give wor or dates of service) | | INFORMANT | | 0 | | | |
| | none | Mrl Nevin | Blickens ta | Addr Rf Hager | | . Md. | |
| y, which (b) (b) mediate he under (c) (c) | ONS CONTRIBUTING TO DEATH | BUT NOT RELATED TO THI | TERMINAL DISEASE C | | EN IN PART | 1(o) 19. WA PER | S AUTOPSY FORMED? |
| Month, Doy, Year 2 | 0d. INJURY OCCURRED 20e | PLACE OF INJURY (Hom | e, form, 20f. (City a | | (C <u>o</u> | | (State) |
| ul Harres | 19 60, and that de | ath accurred and : | death 45P _M , from th ADDRESS (Street | e causes an | d an the | date state | |
| 1/18/1960 SIGNATURE T Funeral Hou | Smithsburg ADDRESS | Cemetery | Smith | sburg | STRAR'S SIGN | Ma ry] | and |
| | H WAS CAUSED BY: IMMEDIATE CAUSE (a) I DUE TO Y, which he under: Color of the under: DUE TO ER SIGNIFICANT CONDITION COLORS, Epile CAUSE OF DEATH AREDICAL EXAMINER: Month, Doy, Year 2 19 Out I attended the declary 15 Paul Harriso A 22b. Date THEREOF 1/18/1960 SIGNATURE | DUE TO Bronckitis or by which he under (b) DUE TO (c) CC (| DUE TO Bronckitis or bronchiolitis y, which the under. DUE TO | DUE TO Bronckitis or bronchiolitis, acute y, which he under: Co Cr. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF PROSIS, Epilepsy presumably present since birth cause of Death AEDICAL EXAMINER: Month, Doy, Year 20d. INJURY OCCURRED TOTAL Control of While at work at I attended the deceased from birth 19 to death accurred on 9:45 PM, from the Larrison per Cobert F. Keadle 1/20b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. IOCATIC SIGNATURE ADDRESS 1240. REC'D BY REGISTRA | DUE TO Bronckitis or bronchiolitis, acute y, which che under but to (c) ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CONSIS, Epilepsy presumably present since birth. GUNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) AEDICAL EXAMINER; Month, Doy, Year 20d. INJURY OCCURRED of INJURY (Home, form, 20f. (City or town)) While Not while of work of work of the injury in Port I or Port II of item 18.) AT I attended the deceased from birth, 19 to death, 19, 19 do and that death accurred on the injury or town, 19 down, 20 do | DUE TO Bronckitis or bronchiolitis, acute y, which be under: Columber C | HWAS CAUSED BY: IMMEDIATE CAUSE (a) Laryngospasm DUE TO Bronckitis or bronchiolitis, acute y, which the under: ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (c) ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (c) ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (c) ER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) (c) PROSIS, Epilepsy presumably present since birth. (CAUSE OF DEATH AREDICAL EXAMINER) MONTH, Doy, Year 20d. INJURY OCCURRED of INJURY (Home, form, 20f. (City or town) (County) (C |

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| Par. | MARYLAND | STATE DEPARTM | ENT OF HEALTH—BALTIMORE, 18 | | | | |
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| | CERTIFICATE OF DEATH | | | | | | |
| (M) | 1. PLACE OF DEATH O. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: a. STAT Maryland b. COUNTY | | | | |
| 90 0 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RUR) | | | | |
| Ž | d. NAME OF HOSPITAL (If not in hospital, give street | | , d. STREET ADDRESS | | | | |

Reg. Dist. No. ()12()9

| 1. | o. COUNTY Washin | gton | 212 | MARYLAND | 2. USUAL RESIDENCE (V | Where deceased and | d lived. If institution b. COUNTY | | before odmi | |
|---------------|---|--|--|------------------------|---|-----------------------------|---|-----------------------------|-------------------------------|----------------------|
| | | If outside corporate limited | its, write c. LEt | Life | c. CITY OR TOWN (III | | rate limits, write R | URAL ond giv | ve nearest to | wn) |
| | d. NAME OF HOSPIT OR INSTITUTION | TAL (If not in hospital, g | |) | / d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO | | | |
| 3. | NAME OF DECEASED (Type or print) | o ra | ane | Middle Burge | Last | 4. DATE OF DEATH | Janus | | Doy | Year 19 60 |
| 5. | Female | 6. COLOR OR RACE | 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 8. DATE OF BIRTH | 1895 | 9. AGE (In years lost birthdoy) 64 yrs. | - | YEAR IF UN Days Haur | 7 |
| | during mast of war House W | king life, even if retired | dane 10b. KIND (| Home | JSTRY 11. BIRTHPLACE (SIG Hag erst | own | Md. | 12. CITIZI | EN OF WHAT | COUNTRY |
| | *************************************** | ry E. Dav | ris | | Fannie | Brys | int | | | |
| | | R IN U. S. ARMED FOR (If yes, give war or dates of s | | | nformant nrad R. Bu | rger | Hagers | | Md. | |
| | | mmediate (| Coron Gener | ary Thron | nbosis rterios c ler | osis. | | | INTERVAL I | ID DEATH |
| CERTIFICATION | PART II. OTH | | Rheum | atoid Art | T NOT RELATED TO THE TER thritis. ED. (Enter noture of injury i | | | 'EN IN PART | 1(o) 19. WAS PERF YES [| ORMED? |
| MEDICAL CERT | 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th | AS UNDERLYING DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 not I attended the an. 11. | ar 20d. INJURY While of work and acceased from 19,60 | OCCURRED 20e. P | LACE OF INJURY (Hame, factory, street, office bldg., e | an. 1. PM, fram ADDRESS (SI | or town) | that I last d an the stote) | date state | ed abave |
| 22 | | 22b. DATE THEREC | OF 22c. | NAME OF CEMETERY O | OR CREMATORY Cemetery | 22d. LOCAT | TION (City, tawn, | or county) | (St | rote) |
| | FUNERAL DIRECTOR | 's SIGNATURE | | He geration | h d | C'D BY REGIST | RAR 24b. REGI | STRAR'S SIGN | | 20 |

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Reg. Dist. No.

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12. CITIZEN OF WHAT COUNTRY?

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WAS AUTOPSY PERFORMED? NO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| 4 | 0 + | • | CERTIF | ICATE | OF | DEATH |
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| | -5 | | | | Keg. Dist. | No. 302 |
|--|--|----------------------------------|--|------------------------------|-------------------|---|
| 1. PLACE OF DEATH o. COUNTY | | MARYLAND | 2. USUAL RESIDENCE (WI | b. COI | UNTY | C75% TAX |
| | Washington (If outside corporate limits, vectors town) | vrite c. LENGTH OF STAY IN 16 | | outside corporate limits, w | Washi: | |
| Hagers | | 41 years | 3 Hager | stown | | |
| d. NAME OF HOSP OR INSTITUTION 418 N. P | otomac Street | street oddress) | 418 N. Pote | omac Street | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | First BEVERLY | Middle BRITTINGHA | M COSTON | 4. DATE OF DEATH Janu | Month | Day Year 19 1960 |
| 5. SEX | 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In) | | EAR IF UNDER 24 HR |
| male | | DOWED DIVORCED | August 21, 1 | | yrs. | |
| 10a. USUAL OCCUPAT during most of wa Retired car | rking life, even if retired) | 10b, KIND OF BUSINESS OR INDI | USTRY 11. BIRTHPLACE (Stote Hannibal | 70 | | OF WHAT COUNTRY |
| 13. FATHER'S NAME | dout or | | 14. MOTHER'S MAIDEN I | | 1000 | **** |
| | William Costo | n | | zabeth Britt | ingham | |
| S. WAS DECEASED EV | ER IN U. S. ARMED FORCES | ? 16. SOCIAL SECURITY NO. | INFORMANT | | Address | |
| Yes, no, or unknown) | (If yes, give war or dates of service | | Mrs. Jane Cos | ton Hagers | town, Mar | reland |
| _ | ATH Enter only one course | per line for (o), (b), and (c).] | in of carre con | 1145010 | | INTERVAL BETWEEN |
| | ATH WAS CAUSED BY: | Left ventricu | lan failume | due to | | ONSET AND DEATH |
| | IMMEDIATE CAUSE (o) | Here Action Ten | tar ratture | uue co | | 4 hours |
| 40.0 | DUE TO | Arteriosclero | tio Hoont D |)i cooco | | Vocas |
| Conditions, if gove rise to | immediate | Arcerroscrero | out heart L | Isease. | | Years. |
| couse (o), stoting lying couse lost | the under- | Generalized Ar | teriosclero | sis. | | |
| PART II. O | THER SIGNIFICANT CONDITI | ONS CONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERM | INAL DISEASE CONDITIO | N GIVEN IN PART 1 | o) 19. WAS AUTOPSY |
| CATI | | Diabetes Melli | tus | | | PERFORMED? |
| THER, NOTIF | YAS UNDERLYING ☐ 20th G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCURR | ED. (Enter nature of injury in | Part I or Port II of item 1: | B.) | |
| Y 20c. TIME OF INJU Hour o. m. p. m. | | | PLACE OF INJURY (Home, form octory, street, office bldg., etc | | (Cour | nty) (Stote |
| 21. I certify t | | | .2 , 1955, to J h occurred 11:45 | an. 19, 19 | | |
| | No | | | ADDRESS (Street, city ar | | DATE SIGNE |
| ACTUAL SIGNATURE | 1100 | 1 July | M.D. 119 Nor | th Potomac | St. | 1-20-60 |
| PHYSICIAN'S NAME (Type) | R.A.Bel | 11, M.D. | Hage | rstown, Ma | aryland. | |
| 22a. BURIAL, CREMATI | | 22c. NAME OF CEMETERY | OR CREMATORY | 22d. LOCATION (City, to | awn, or county) | (Stote) |
| REMOVAL (Specify | 1/22/1960 | Rose Hill & | emetery | Hagerstown | , Maryla | nd |
| | er funeral Ho | ADDRESS | 24a. REC | D BY REGISTRAR 24b. | REGISTRAR'S SIGNA | |
| phoet-nous | er mierar uc | Hagerstown. | Md. | IN 2 2 '60 | Cothun S. M | ralle |

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with Then please remove carban papers. the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/S8

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()1212 Reg. Dist. No. 302

| o. COUNTY | hington | 11 | G14 MARYLA | | o. STATE Maryl | | | | ington | | | |
|--|---|-----------------------|--|-------------------|--|---------------------------|--------------------|-------------|-----------|-----------------------|--|--|
| | If outside corporate limits, write n) | RURAL | c. LENGTH OF STAY IN | 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 3 Hagerstown | | | | | | | |
| | | f not in hosp | pital, give street address) | | d. STREET ADDRESS e. IS RESIDER | | | | | | | |
| 36 N. Wal | nut Street | | | | / 36 N. Walnut Street VES NO P | | | | | | | |
| 3. NAME OF DECEASED (Type or print) | WALTER | | Middle FREDERICK? | I | Lost DELAUGHTER | 4. DATE OF DEATH | Monti Janua | | Doy 13 | Yeor 1950 | | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | 8. D | ATE OF BIRTH | | 9. AGE (In years | IF UNDER 1 | | NDER 24 HRS. | | |
| male | white | WIDOWED | DIVORCED [| Ap | ril 23, 189 | 7 | 62 yrs. | Months [| Days Hou | Min. | | |
| 10a. USUAL OCCUPATI during most of worki COOK | ON (Give kind af work d ng life, even if retired) | lone 10b. K | IND OF BUSINESS OR IN | DUSTRY | 11. BIRTHPLACE (Store Chewsvill | | | 12. CITIZ | U.S.A | AT COUNTRY? | | |
| 13. FATHER'S NAME | | Manual Manual Control | 14 | . MOTHER'S MAIDEN | NAME | | | | | | | |
| | Charles | Delau | ghter | | Sarah | Hartle | | | | | | |
| 15. WAS DECEASED EX (Yes, no, or unknown) | /ER IN U. S. ARMED FOR (If yes, give wor or dates of s | ervice) | 12-14-7249 | 7. INFO | chard H. De | laught | Address er Hage | rstown | n, Md. | | | |
| Conditions, if a gave rise to imme (o), storing the cause last. PART II. OTI PART II. OTI PART II. OTI PRIMARY or CO CAUSE OF DEATH. | diate cause underlying DUE TO | DITIONS CO | Cardias Lonvasor NTRIBUTING TO DEATH B | SUT NOT | PELAJED TO THE TERM | INALDISEASE | Edia CONDITION GIV | EN IN PART | PER | AS AUTOPSY FORMED? | | |
| 1 - 1 | | | | | | | | | | | | |
| 20c. TIME OF INJU Hour a. m. p. m. | | | | | | | | | | | | |
| | 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry ., and find that death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined cause | | | | | | | | | | | |
| ACTUAL SIGNATURE EXAMINER'S NAME (Type) | SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [] [] [] [] [] [] [] [] [] [| | | | | | | | | E SIGNED | | |
| 220. BURIAL CREMATIC REMOVAL (Specify) Cremation | 226. DATE THEREOF | | 22c. NAME OF CEMETERY Cedar Hill | | MATORY eterv | | ington. | or county) | {5 | late) | | |
| 23. FUNERAL DIRECTOR | er Funeral | Home | ADDRESS Hagerstown, | | 24a. REC' | D BY REGISTR AN 1 5 '6 | AR 24b. REGIS | TRAR'S SIGN | | | | |

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 011 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle 4. DATE Year OF DEATH (Type or print) 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs DIVORCED T WIDOWED I 11. BIRTHPLACE (State ar fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? death during most af warking life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 72 within 1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO INFARCT LEFT FRONTO-PARIETAL VHO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEREQRMED? removo d YES A NO [CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Hour a. m While Not while p. m at wark at work 1965, that I last saw the deceased 21. I certify that I attended the deceased fram detoched and that death accurred at 5.25P.M. from the causes and an the date stated above. alive an ADDRESS (Street, city ar tawn, state) ACTUAL 5 PHYSICIAN'S NAME (Type) GEORGE 22b, DATE 22d. LOCATION (City, tawn, or county) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE

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the funeral shauld be fi by 1 pup 2. filled Pages plet COM puo physicion ottending p eose a permit. signed buriol-tronsit hos been

TO FUNERAL DIRECTOR: pe 3 should page VS A15 (4)

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| to the host bear signed by the attending physicion and come the host been signed by the please remaye carbon popule buriel-transit permit. Then please remaye carbon popule removel, and in any event within 72 hours after death. | ding physicio sse remave a in 72 hours a | to the host bases igned by the attending physicion and completely filled in by the funeral director, and have been signed by the attending physicion and completely filled in by the funeral director, and the please remove carbon papers. Pages I and 2 shauld be filled with a removal, and in any event within 72 hours after death. | William I |
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01214 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND Maryland Washington Washington b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 254 S. Potomac Street 254 S. Potomac Street YES NO TY NAME OF First Middle DATE Yeor DECEASED 26 LOTT TE DISERT Jan. 1960 (Type or print) G. DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Hours Female White WIDOWED 19 DIVORCED [86 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) bookkeeper Franklin Co. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob D. Summers Susan A. Hershev 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address 215 North Locust St. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO

DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) none MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) Month. Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Haur o. m. While Nat while none at work at work 21. I certify that I attended the deceased fram. Jan. 22, 1960 ta Jan. 26 , 160 that I last saw the deceased

and that death occurred at 4:00 AM, from the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 302 N. Potomac Street SIGNATURE

(Stote)

Hagerstown, Maryland PHYSICIAN'S Dr. John D. Turco

-28-1960

NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify)

Cedar Grove Cem. Chambersburg, Pa. 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR Suter-Rouzer Fun. Home, Hagerstown, Md. DATE FEB 1 arthur S. Krays

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| 1. PLACE OF DEATH o. COUNTY | | | 2. USUAL RESIDE | USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY T. | | | | | | |
| Washingt | on | MARYLAND | M _c | aryland | 5. COUNTY | Washin | gton | | | |
| b. CITY OR TOWN (If outside corpor RURAL and give nearest town) | ote limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TO | WN (If outside corpo | rote limits, write RUR | AL and give need | arest tawn) | | | |
| Hagerstown | | 6 month | 03 Hag | erstown | | | | | | |
| d. NAME OF HOSPITAL (If not in has OR INSTITUTION | spital, give street | address) | d. STREET ADI | DRESS | | | e. IS RESIDENCE | | | |
| 1207 Ravenhood | Height | S | 1207 R | avenhood | Heights | | YES NO | | | |
| 3. NAME OF DECEASED (Type or print) W1111 | First A.M. | Oburn | Ditto | Sr. 4. DATE OF DEATH | Jan. | 24 | 19 60 | | | |
| 5. SEX 6. COLOR OR White | | DIVORCED DIVORCED | Oct. 31 | 1884 | | Nonths 23's | IF UNDER 24 HRS. Hours Min. | | | |
| 10o. USUAL OCCUPATION (Give kind o during mast of working life, even if Machinist | ratiradi | kind of Business or Indu | -la | | ountry) s W. Va. | | • A | | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S M | ALDEN NAME ME | ary Elizat | beth Mi | ller | | | |
| Greenberry | C. Dit: | to | Edan | | aphrani | 00011 -12 | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMI (Yes, no, or unknown) (If yes, give wor or or | ED FORCES? 16. | 2/ 22 7727 | Informant Irs. Ric | +++++++ | | venhoo | d Heigh | | | |
| Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. | (b) DUE TO (c) | | | | | | | | | |
| PART II. OTHER SIGNIFICAN 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM | | ONTRIBUTING TO DEATH BUT | NOT RELATED TO T | HETERMINAL DISEAS | E CONDITION GIVEN | IN PART 1(o) | 9. WAS AUTOPSY PERFORMED? YES NO | | | |
| | DEATH | CRIBE HOW INJURY OCCURRE | D. (Enter noture of i | njury in Port I or Por | t II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Do Hour o. m. | While | Not while of work | ACE OF INJURY (Ho ctory, street, office b | ome, form, 20f. (City oldg., etc.) | or town) | (County) | (Stote) | | | |
| 21. I certify that I attended the deceased fram alive an ACTUAL SIGNATURE PHYSICIAN'S | | | | | | | | | | |
| Page (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial Jan | | 22c. NAME OF CEMETERY CO | · . | | Clearsp | | (Stote) | | | |
| Burial Jan. 23. FUNERAL PIRECTOR'S SIGNATURE | £ 700 | ADDRESS | emetery 2 | Ada. REC'D BY REGIST | RAR 24b. REGISTR | AR'S SIGNATU | RE | | | |

TO MINISTER TO THE WARRENCE OF THE STATE OF TAST CHOINDANE OF DEATH to the factories of the second of the second attender Francisco & YSSI The partie of original - Mary Jan 1470 Street Lande AND A PROPER OF THE CO. THE PARTY OF THE PAR Albertally and the first of the control of the cont The Sale Annual Control Outside And home well relieve trestote and the first the The state of the s

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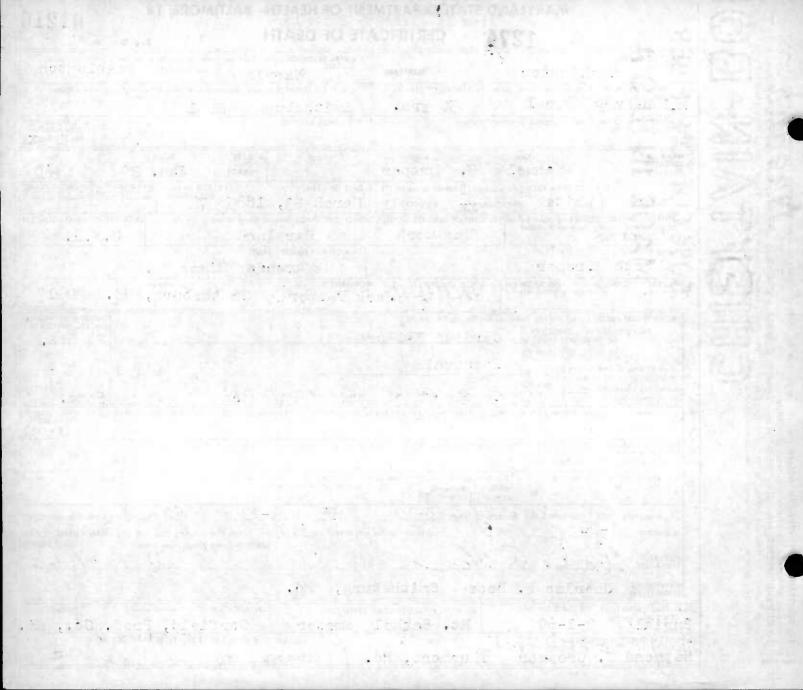
| 1214 CERTIFICATE OF BEATH | | | | | | | | | | | Reg. Dist. No. | | | | |
|-----------------------------------|--|--|-------------|-----------|-----------------------|---------|--|------------------------|--------------------------------------|---------------|-------------------|-------------------------------|-------------------|--|--|
| | LACE OF DEATH . COUNTY | ashington | | | MARYLAND | | usual residence (who o. state Mary | ere deceased | lived. If institution b. COUNTY | | ashi | | | | |
| b C, | CITY OR TOWN (If RURAL ond give ne | outside corporate limi grest town) grunal | its, write | | TH OF STAY IN 16 | | c. CITY OR TOWN (IF o | | | JRAL ond | give nec | arest tow | n) | | |
| | | AL (If not in hospital, g | give street | 1 | 0 yrs. | X / | X Smithsburg RD | | | 107 | | e. IS RESIDENCE ON A FARM? | | | |
| D | IAME OF DECEASED Type or print) | Samu | | В. | Middle Draper | 1 | Last | 4. DATE OF DEATH | Mont Jan | h 29 | Do | у | 160 160 | | |
| 5. SI | male | 6. COLOR OR RACE white | | RIED N | EVER MARRIED DIVORCED | | ate of Birth larch 23, | 1885 | 9. AGE (In years lost birthdoy) yrs. | Months Months | | IF UND Hours | Min. | | |
| 10a. | Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Day Work | | | | | | OUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CIT | | | | | U.S.A. | | | |
| 13. FATHER'S NAME 14. MOTHER'S MA | | | | | | | | | Himes | | | | | | |
| 15. \ (Yes, | was deceased ever in u. S. Armed Forces? 16. social security no., informant address and information of delete of service) Carc Logo Jack Draper Smithsburg, Md. RD 1 | | | | | | | | | | | | | | |
| | | TH [Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c |) C: | | (b), ond (c).] | ıre | | | | | INTI ONS 22 | ERVAL 81 | DEATH | | |
| | Conditions, if or gove rise to in couse (o), stoting the lying couse lost. | nmediote | P | neum | | На | ad of Pan | 0200 | | | 3 | Day | ·s | | |
| CATION | | ER SIGNIFICANT CON | / | | | | RELATED TO THE TERMI | | CONDITION GIV | EN IN PA | RT 1(o) 1 | PERFC | AUTOPSY ORMED? | | |
| CERTIFI | 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | SCRIBE HO | W INJURY OCCURR | ED. (Er | nter noture of injury in f | Port I or Port | Il of item 18.) | | | | | | |
| MEDICAL | | | | | | | | | | | | | | | |
| | 21. I certify that I attended the deceased fram. 3-19 , 155 , ta 1-29 , 150 , that I last saw the deceased alive an 1-28 , 1950 , and that death accurred at 3:00 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED | | | | | | | | | | | | | | |
| | PHYSICIAN'S NAME (Type) | harles F | . Не | ss | Smiths | bur | | | | / | | | | | |
| | 8URIAL, CREMATION REMOVAL (Specify) | 2-1-60 |)F | | ME OF CEMETERY | | ematory Semetery | | ofield, | | | (Sto | | | |
| 23. y | uneral director | Creage | qu | | mont. Mo | d. | 24a. REC'I | D BY REGISTI | | | | RE | | | |

TO HOSPITAL ATTENDING PHYSICIAN: The flow required in the contending physician and completely filled in by the funeral director, and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

The page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72-mans.



requires that the death certificate be executed within 24 ha

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1218 CERTIFICATE OF DEATH

Reg. Dist. No. ()1217

| 1. PLACE OF DEATH o. COUNTY | Vashington | MARYLAND | o. STATE | where deceased lived. If institution b. COUN | ution: Residence before admission) Washington |
|--|---|--|---|--|--|
| | outside corporate limits, write | c. LENGTH OF STAY IN 18 | | | e RURAL and give nearest town) |
| Hagersto | | 40 years | | rstown | |
| OR INSTITUTION | Wilson Blv | | d. STREET ADDRESS | Wilson Blv | e. IS RESIDENCE ON A FARMY YES NO |
| 3. NAME OF | John Frederi | Middle | Last | 4. DATE OF Janua: | ry 19 Yeor |
| 5. SEX Male | 6. COLOR OR RACE 7. MAR White WIDOW | | B. DATE OF BIRTH November 2 | 9. AGE (In year lost birthdo) | ors IF UNDER 1 YEAR IF UNDER 24 H y) Months Doys Hours Mir |
| Carpent | N (Give kind of work done 10b. ng life, even if retired) | KIND OF BUSINESS OR INI Belf employ | | | 12. CITIZEN OF WHAT COUNTI |
| 13. FATHER'S NAME Henry | y J. Ehlers | | 14. MOTHER'S MAIDEN | th Holbrook | |
| 15. WAS DECEASED EVER | IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | INFORMANT | A | ddress |
| (Yes, no, or unknown) (If | F yes, give war or dates of service) | M | rs. Lewis K | line Hage: | rstown Md. |
| Conditions, if on gove rise to im couse (o), stoting the lying couse lost. | mediate DUE TO (c) | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERR | WINAL DISEASE CONDITION (| GIVEN IN PART 1(0) 19. WAS AUTOP |
| CATIC | Non | u | | | PERFORMED? YES NO |
| 20g. ACCIDENT WAS OR CONTRIBUTING I | CAUSE OF DEATH! | CRIBE HOW INJURY OCCUR | RED. (Enter noture of injury in | Port I or Port II of item 1B.) | |
| 20c. TIME OF INJURY Hour o. m. p. m. | Month, Doy, Year 20d. I While of wor | Not while | PLACE OF INJURY (Home, for foctory, street, office bldg., e | | (County) (Sto |
| 21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | J. D. Wil | e, and that dec | M.D135 | P.M. from the causes ADDRESS (Street, city or tow N. Potomac | 1/1/1 |
| 220. BURIAL, CREMATION REMOVAL (Specify) Burial | 1-22-60 | 22c. NAME OF CEMETERY Rose Hill | or crematory Cemetery | 22d. LOCATION (City, town | |
| 23. FUNERAL DIRECTOR'S | SIGNATURE Minnich & So | n Hagersto | | | GISTRAR'S SIGNATURE |

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Mrs. Lewis Mind Haggaracoun Ed.

135 H. Potoseg Sr.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1916 CERTIFICATE OF DEATH

| L | -L- 14 L | O CERTIFICA | AIL OI DEAII | | Reg. Dist. No. |
|---------------|---|--------------------------------------|---|---|---|
| D | PLACE OF DEATH COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Who o. STATE Narvland | ere deceosed lived. If instituti | on: Residence before admission) |
| | c. CITY OR TOWN (If outside carporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If or | utside corporate limits, write R | |
| - | RURAL ond give nearest tawn) Hagerstown | 10 Yrs | 03 Hagers | town | |
| | d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 552 Salem Ave | address) | d. STREET ADDRESS 552 Salem | Ave | e. IS RESIDENCE ON A FARM? YES NO |
| 3 | NAME OF First | Middle | Last | 4. DATE Mor | |
| | DECEASED (Type or print) FRED | | RHART Sr | OF Janua | ry 14 1960 |
| 5. | Male 6. COLOR OR RACE 7. MARK | RIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH July 16 19 | 9. AGE (In years last birthday) 57 yrs. | Months Doys Hours Min. |
| 10c | . USUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | | | 12. CITIZEN OF WHAT COUNTRY? |
| I | ainting Contractor | Painter | Rockdale | Wash Co Md. | USA |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | |
| | Clarence E. Eve | rhart | Sarah Sch | naffer | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO. | INFORMANT | Add | ress |
| | No 2 | 14 01-20021 | | nart Jr 827 | Chestnut St |
| | 18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: | | Hagerstov | | ONSET AND DEATH |
| | 162.1 IMMEDIATE CAUSE (o) BR | NCHOGENIC C WITH METAS | ARCINOMA OF | THE LUNG | UNKNOWN |
| | Conditions, if ony, which) (b) | WITH HELAS | IASIS | | UNKNOWN |
| | gove rise to immediate DUE TO | | | | |
| | lying couse lost. (c) | | | | |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS ON NONE | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMIN | NAL DISEASE CONDITION GIV | VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| | 206. ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRISE HOW INJURY OCCURRI | D. (Enter noture af injury in P | ort I ar Part II of item 18.) | |
| MEDICAL | 20c. TIME OF INJURY Manth, Day, Year 20d. II Hour o. m. While p. m. 19 at wor | Not while fo | ACE OF INJURY (Home, form, octory, street, office bldg., etc. | | (County) (State) |
| | 21. I certify that I attended the deceas | ed fram OCTOBER | 5, 1959, to JA | NUARY 14 160 | that I last saw the deceased |
| | alive an JANUARY 13 , 196 | 0and that deat | accurred a2.30 | AMfram the causes an | ad an the date stated above. |
| | ACTUAL SIGNATURE Clickie Robert | Cotion. | M.D. | ADDRESS (Street, city or town, | state) DATE SIGNED |
| | PHYSICIAN'S ARCHIE ROBER | RT COHEN, M. | D. CLEAR S | PRING, MD. | JAN 14, 1960 |
| 220 | BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY O | OR CREMATORY | 22d. LOCATION (City, town, | or county) (State) |
| | REMOVAL (Specify) Burial 1/17/60 | | em Cemetery | Hagerstown | |
| 23. | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | | STRAR'S SIGNATURE |
| | Andrew K. Coffmon Ha | gerstown Lo | | N 4 m | |
| | | | I M. JAI | 1 3 60 | that S. Maca |

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with permit. Then please remave carban in any event within 72 haurs after ond priar ta burial, crematian, ar remaval, the registrar

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VS A15 (4) 15M 9/58

34 L E: 78 AND 109 C THE DECEMBER

LENGTH TIME

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A LANGE OF THE REAL PROPERTY.

MERSH - AROLLE ROBERT COHER, 44.3. CLEVR 8881113, 40. UNH 11. 1060

1. PLACE OF DEATH

1276 CERTIFICATE OF DEATH

Reg. Dist. No.

| , o. COUNTY | Washingt | on | MARYLAND | o. STATE Mary | pland | b. COUNTY | Washi | | |
|---|---|---------------------|--------------------------|--|------------------------|--------------------------------------|---------------|------------|--|
| B. CITY OR TOWN RURAL and give Rural 1 | (If outside corporate limit pearest town) ancock Md | ts, write c. LET | NGTH OF STAY IN 16 | c. CITY OR TOWN (IF | 07 to | orote limits, write for | URAL and give | | |
| | PITAL (If not in hospital, s | |) | d. STREET ADDRESS | | | , | 10 | RESIDENCE A FARM? |
| 3. NAME OF DECEASED (Type or print) | Fii Be | njamin | Middle Hayes | Exline | 4. DATE OF DEATH | Mor 1 | nth . | Doy 10 | Year 19 60 |
| 5. SEX | W | WIDOWED 🛣 | NEVER MARRIED DIVORCED | 8. DATE OF BIRTH NOV • 2 • 1876 | | 9. AGE (In years lost birthday) yrs. | Months Do | YEAR IF UN | |
| Retired F | orking life, even it refired | done 10b. KIND (| Same | STRY 11. BIRTHPLACE (Stoke Washing | | country) | | J.S.A | AT COUNTRY? |
| | as Exline | | | 14. MOTHER'S MAIDEN Georges | NAME | N/A | | | |
| (Yes. no. or unknown) | /ER IN U. S. ARMED FOR (It yes, give wor or dates of s | CES? 16. SOCIAL NOT | | nformant lter H Exli | lne Ha | Add ancock I | | | |
| 5 | immediate g the <u>under-</u> L (c THER SIGNIFICANT CON | arte | etense | NOT RELATED TO THE TERM | LINAL DISEAS | E CONDITION GIV | 'EN IN PART 1 | /O | STUTOPSY FORMED? |
| (IF EITHER, NOTIF | VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESCRIBE H | OW INJURY OCCURRE | D. (Enter noture of injury in | Port I or Part | 11 of item 18.) | | | |
| 20c. TIME OF INJU Hour o. m. p. m. | 10 | While N | | ACE OF INJURY (Home, form clory, street, office bldg., etc. | n, 20f. (City | or town) | (Cou | nty) | (State) |
| actual SIGNATURE | hat I attended the | | , and that death | accurred at 9:38 | AM, from | reet, city or town, | nd an the | date sto | e deceased bled abave DATE SIGNED LI-12, urg, W. |
| | 0N, 22b. DATE THEREO | | NAME OF CEMETERY OF | R CREMATORY | | OCK Was | | | ote) |
| How Tous | R'S SIGNATURE | A) / | DDRESS | | D BY REGIST | RAR 24b. REGIS | Chun S. H | ATURE | |

TO HOSPITAL VS A15 (4) 15M 10/57

TTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haus

T-88130853484 Louis to the death of law a 1 1 2 70 St Wil bort tag at Talking modern data december your man delivery ment

| 4 | | Reg. Dist. No. |
|--|----|--|
| Poge director |) | 1. PLACE OF DEATH o. COUNTY Washington ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington |
| erol by | | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Williamsport RFD #1 52 yrs. Williamsport Md. |
| by the fun | X | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Falling Waters Rd. e. IS RESIDENC ON A FARM YES M NO |
| 24 hou lled in 1 is 1 and | | 3. NAME OF DECEASED Lost 4. DATE Manth Day Year OF T |
| within stely fil Poge | | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years left NDER 1 YEAR IF UNDER 24 lost birthday) Months Days Hours M |
| comple papers. | | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country) |
| be ex n and orbon read | | Housewife Home Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| physician physician prove cor haux offi | | David Hose Elizabeth Guessford |
| 5 5 5C | F) | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Luther Bowers Falling Waters Rd. No No No No None None Mrs. Luther Bowers Williamsporth Md. |
| attendi | • | 18. CAUSE OF DEATH [Enter only one couse por line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH IMMEDIATE CAUSE (a) |
| by the | | Conditions, if any, which) (b) |
| equires in. signed if perm | 0 | gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c) |
| physicions been al-trans | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO- PERFORMED YES NO |
| AN: The | | 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) |
| PHYSICI ol or oth his certif use as emation, | | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work at wark of work at wark |
| haspite After the hed for rial, cre | | 21. I certify that I attended the deceased fram 120/60, 19 to 126/60, 19 that I last saw the deceased alive an 126/60, 19 and that geath accurred at 17/4M, fram the causes and on/the date stated about |
| ATTEN by the CTOR: e detac | | ACTUAL ACTUAL DATE SIGNATURE OF ACTUAL DATE OF ACTU |
| AL DIRE | 1 | SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D |
| Moy be reto FUNERAL poge 3 shot the registron | | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) |
| TO HOUSE | 3 | Burial Jan. 28-60 St. Pauls Cemetery Near Clearspring Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REGISTRAR'S SIGNATURE |
| VS A15 (4) 15M 9/58 | 30 | allet Local Williamsport of 127 160 17 19 8 tomas |

MEASURE CERTIFICATE OF DEATH THE PARTY OF THE PARTY. Trust the paretter and have the the state of the s The medianes were the second of the second of the second

TO HOSPITAL

VS A15 (4) 15M 10/57

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| | | ~ 70 34 | CERTIFIC | AIL OI I |)LAII | | | Reg. Dist. I | No. | |
|---|---|----------------------------|-------------------------|---|-------------------------------|------------------------|---|----------------|-------------|----------------------------|
| 1. PLACE OF DEATH o. COUNTY | Washington | | MARYLAND | o. STATE | Pe | nna. | lived. If institution b. COUNTY | Frank | clin | V |
| b. CITY OR TOWN RURAL ond give Hager | 1 | ts, write | c. LENGTH OF STAY IN 16 | c. CITY OR | Wayne: | | ote limits, write R | URAL ond give | nearest low | n) |
| OR INSTITUTION | PITAL (If not in hospital, g Kartin Manoz | | | d. STREET A | Last 2 | nd St. | | | | SIDENCE A FARM? NO 🔀 |
| 3. NAME OF DECEASED (Type or print) | Fir S. | OVER | Middle | FRIEDI | | 4. DATE OF DEATH | Mon Jar | | Doy | Yeor 19 60 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARR | NED NEVER MARRIED DED | B. DATE OF BIRT | | | 9. AGE (In years lost birthdoy) 92 yrs. | Months Doy | | ER 24 HRS. Min. |
| 10a USUAL OCCUPA during most of w Flour mi | orking life, even if retired | done 10b. | KIND OF BUSINESS OR INC | OUSTRY 11. BIRTHP | Penns | | ountry) | USA | OF WHAT | COUNTRY? |
| 13. FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN N | AME | | | | |
| В | enjamin Frie | dly | | 5 | usan ! | Stover | | | | |
| 15. WAS DECEASED ET [Yes, no. or unknown) | VER IN U. S. ARMED FOR (If yes, give war or dates of s | ervice) | | Roy E. F | riedly | , Wayr | Addr ne Bldg., | | boro, | Pa. |
| Conditions, if gove rise to couse (o), stotin lying couse los | g the under | 0 | Cerebrul V | throm & | Rusca | ` | | | 10-9 | ica · |
| 200. ACCIDENT V | Benja | kro | CRIBE HOW INJURY OCCUR | pertice, | hlis. | Opr | eleman | EN IN PART 1(0 | PERFC | AUTOPSY DRMED? |
| 20c. TIME OF INJU | URY Month, Day, Yes | 20d. It While of wor | Not while | PLACE OF INJURY (factory, street, offic | Home, form, e bldg., etc.) | 20f. (City | or town) | (Coun | ty) | (State) |
| actual SIGNATURE | that I attended the | | ed from Slyt | , | 10:18P. | _M, from | | and an the o | date stat | |
| | | | | | | | Maryla | | | |
| 220. BURIAL, CREMAT REMOVAL (Specif Burial | y) Jan. 22 | | | | | Wa | ON (City, town, o |) | | nna • |
| 23. FUNERAL DIRECTO | rlin DOE | | Waynesboro, | Penna. | 24g. REC'D | BY REGISTI | | STRAR'S SIGNA | | |

. 3 The second of th endings that mens that is not A THE STREET STREET, S

VS A15 (4)

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| MARYLAND STAT | E DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|---------------|--------------|----|-------------------|----|
| 1221 | CERTIFICATE | OF | DEATH | |

Reg. Dist. No. 01223

| 1. PLACE OF DEATH o. COUNTY WASHINGTON MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland Washin ton | | | | | |
|--|--|-------------------------|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give recent fown) HAGERSTOWN 1 DAY | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagers town | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL | d. STREET ADDRESS e. 15 RES ON A | SIDENCE A FARM? | | | | |
| (Type of print) | GALLOWAY OF DEATH ONE 87 | Yeor 1960- | | | | |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | 7/7/5 96 lost by tholory Months Days Hours | ER 24 HRS. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done dering most of working life, even if retired) Building | Clarke Co., Virginia U. S. | COUNTRY? | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | |
| James Franklin Galloway | Minnie Vance Neville | | | | | |
| [Yes, no, or unknown] (If yes, give wor or dates of service) | INFORMANT Address | | | | | |
| ##b/yes WWI Mr | rs. Minnie Galloway, Berryville, V | a. | | | | |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE CORONARY OCCULSION DUE TO Conditions, if any, which gove rise to immediate (b) ARTERIOSCLEROTIC HEART DISEASE 1 YEAR | | | | | | |
| cause (a), stoting the <u>under-lying couse lost.</u> | | | | | | |
| NONE | | AUTOPSY ORMED? | | | | |
| | RED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. P Mour a. n. p. m. 19 While Not white at wark at wark at wark | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) | (Stote) | | | | |
| | _м.р. | ed abave. ATE SIGNED | | | | |
| 220. BURIAL, CREMATION, PREMOVAL (Specify) BURIAL (Specify) 1/10/59 60 Green Hill | (5,6) | e) | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | VA | | | | |
| Andrew K. Coffman Hagerstown Md. | DATE JAN 1 1 '60 Onther & Krone | | | | | |

He we come AMERICA TRACER STEAM JOES BUTTON SASY I 6304 110 AND REPORTED AND RESTRICTION OF SECURITION O Carry of the carry of the carry of the carry and have sent the carry that the carry that without the are trade to the property of the August of the August to Engage and the trade of the August of the second 0.

TO HOSPITAL

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1222 **CERTIFICATE OF DEATH**

Dist No.

01224

| | | | | | | | Keg. Dist. I | 10. 2 | |
|---|--|-----------------------|-------------------------|--|-----------------|------------------------------------|------------------|-------------|--------------------|
| 1. PLACE OF DEATH o. COUNTY | Washington | | MARYLAND | 2. USUAL RESIDENCE (Vo. STATE Mary | | d lived. If institution b. COUNTY | | | |
| | | | | - | | | | hingt | |
| RURAL ond give | (If outside corporate limits nearest town) | , write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | | rote limits, write Ki | JRAL and give | nearest tov | vn) |
| Hagersto | own | | 1 hour | 03 Hage | rstown | | | | |
| d. NAME OF HOSE OR INSTITUTION | PITAL (If not in hospitol, giv | re street od | (dress) | d. STREET ADDRESS | | | | e. IS RE | SIDENCE A FARM? |
| | ton County Ho | spita | al | 295 Frede | rick St | reet | | | NO 🗔 |
| NAME OF | First | | Middle | Lost | 4. DATE | Mon | th | Day | Year |
| DECEASED (Type or print) | EDWARD | | EUGENE | GEARY, JR | OF DEATH | January | | 1 | 1960 |
| i. SEX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | B. DATE OF BIRTH | | 9. AGE (In years lost birthdoy) | IF UNDER 1 YE | _ | 7 |
| male | white | WIDOWED | DIVORCED [| October 21. | 1944 | 15 yrs. | Months Day | s Hours | Min. |
| 0a. USUAL OCCUPA | TION (Give kind of work do | one 10b. KI | IND OF BUSINESS OR INDI | USTRY 11. BIRTHPLACE (Sto | te or foreign c | ountry) | 12. CITIZEN | OF WHAT | COUNTRY |
| School St | orking life, even if retired) | | | Hagersto | um Mam | bealin | TT C | | |
| 3. FATHER'S NAME | Duccerro | | | 14. MOTHER'S MAIDEN | | ATAIRC | U.S | e.A. e | |
| | 3 | 0 | 0. | | | | | | |
| | dward Eugene | | | | Brubak | | | | |
| WAS DECEASED E' (Yes, no, or unknown) | VER IN U. S. ARMED FORC (If yes, give war or dates of sen | ES? 16. SC vice) | | INFORMANT | | Addr | | | |
| no | | | none | Mr. E. Eugene | e Geary | , Sr. Ha | agersto | wn, M | aryla |
| Conditions, if gove rise to couse (o), stotin lying couse los | immediate by the under- | ITIONS CO | INTERRITING TO DEATH RU | IT NOT RELATED TO THE TER | | | | 110 WAS | AUTOPS' |
| CATIC | Hay fe | ve | | THO RELATED TO THE TER | MITAL DIJEAS | E CONDITION ON | EIT IIT I AKT 10 | PERF | ORMED? |
| OR CONTRIBUTION | NAS UNDERLYNG 1/2 NG CAUSE OF DEATH FY MEDICAL EXAMINER) | POB. DESCR | IBE HOW INJURY OCCURR | ED. (Enter noture of injury i | n Port I or Por | t II of item 18.) | | | |
| 20c. TIME OF INJI Hour o. m p. m | 1. | While | URY OCCURRED 20e. P | PLACE OF INJURY (Home, fa octory, street, office bldg., e | erm, 20f. (City | or town) | (Coun | ty) | (Stote |
| 21. I certify alive on | that I attended the of the Control o | 1959 | Benfor | h accurred at 7 P | ADDRESS (S | the causes an treet, city or town, | d an the do | ote state | |
| 220. BURIAL, CREMAT | ION. 22b. DATE THEREOF | | 22c. NAME OF CEMETERY | | | TION (City, town, o | | | ote) |
| REMOVAL (Specif | fy) | | | | | | | | |
| Burial | 1/5/1960 |) | | metery | | gerstown | | Maryl | and |
| 3. FUNERAL DIRECTO | zer Funeral | Home | ADDRESS | | C'D BY REGIST | | TRAR'S SIGNA | TURE | |
| 1. Frank | in House | 01110 | Hagerstown, | Maryland DATE | AN 6 '6 | avi | Chur 9 4 | | |

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| The fight set | | | 41. " | v | |
| | aradar gali | Total I | W.A. | inipdi | |
| 4 | deared Hotespeek () | 25 | millionali nu | mee D. n. Jan | 'Manif |
| 1 60 | art, or, the grace | | | | |
| | mer 21, 19th1.5 | | | triw | |
| . A.E. | material meaning | | | d'an an | footon |
| | reduceril Afen | .58 | erro E orre | ra kumbi | |
| | | Asset as the | | | 0.1 |
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| | | Andrew L | | | |
| Troub, 15, 15 grant | TO PERSONAL RIGHT WHILE | | | CAM SIM | |
| her eye at | | obstant Effett still | | | |
| | y it by 200 m tou | ar it is to the | , stoll fer | 7 1 T. C. | - T - J. |

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| | 1223 CERTIFICA | AIE OF DEATH | Reg. Dist. No. |
|---|--|---|--|
|) | 1. PLACE OF DEATH COUNTY Washington MARYLAND | o. STATE Penna | d. If institution (Residence before admission) b. COUNTY Frankly |
| 1 | b. CITY OR TOWN (If outside corporate Timits, write RURAL and give nearest town) 10 2 4 5 | c. CITY OR TOWN (If outside corporate li | imits, write RURAL and give nearest town) ence 5 fle 75 x 3 |
| | d. NAME OF HOSMTAL What in haspital, give street address) OR INSTITUTION AND OCK CONV. Home | d. STREET ADDRESS Route # | • IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) Mary Elizabeth | GOETZ 4. DATE OF DEATH J | Month Day Year 1960 |
| | 5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AG 10 10 10 | GE (In year IF UNDER 1 YEAR IF UNDER 24 HRS. st bighdow Manths Days Hours Min. |
| | 100. USUAL OCCUPATION (Give kind of work done during mass/of working life, even if retired) HOUSE WIFE HOUSE CEPHA | STRY 1. BIRTHILACE (State or foreign country | 12. CITIZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME HELPY Corde // | 14. MOTHER'S MAIDEN NAME Hatriett | Poper |
| | 15. WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIÁL SECURITY NO. 17 (If yes, by war or dates of service) | res. Harm C. Par | led Greangette, the |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if any, which) (b) Constro | Vosculur & | ision 10 your |
| | gove rise to immediate couse (a), stating the under-lying cause last. DUE TO (c) | leter | Esen |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NOT RELATED TO THE TERMINAL DISEASE CON | NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2 |
| | | D. (Enter nature of injury in Port I or Port II of | item 18.) |
| | 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19 | ACE OF INJURY (Home, farm, clory, street, office bldg., etc.) | wn) (County) (Stote) |
| | 21. I certify that I attended the deceased from 0-1 alive an 2-2, 19, and that death | occurred at JUAM, from the | 1960, that I last saw the deceased a causes and an the date stated above. |
| | ACTUAL SEW DISTON | | city or lown, stole) DATE SIGNED |
| | PHYSICIAN'S THE ENERTY TO TO | / / / | / //60 |
| | 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMPTERY OF CONTROL OF CEMPTERY OF CEMPTER | CREMATORY 22d. LOCATION CHECK | (City, town, or county) (State) (Castle Renklis B. F. |
| 4 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LEONARD ADDRESS | 149. REC'D BY REGISTRAR DATE JAN 7 '60 | 24b. REGETRAR'S SIGNATURE CITCHUS S. Thank |

VS A15 (4) 15M 9/55

| | TE OF DEATH | | coer | |
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ar removal.

VS. A15ME(5) 5M 9/55 01226

Reg. Dist. No.402

| 1. PLACE OF DEATH | 1224 | | o. STATE | Where deceased lived. If Institut | | rfore admission) |
|---|---|--|---|--|------------------|-------------------------------------|
| Washing | | MARYLAND | Maryla. | | ington | |
| ond give nearest tow Hager | | c. LENGTH OF STAY IN 15 | 3 Hager | f outside corporate limits, write | KUKAL and give i | nearest town) |
| | TAL OR INSTITUTION (If not in h | | d. STREET ADDRESS | 8 60WII | | e. IS RESIDENCE |
| Wshing | | spitak | | derick Road | | ON A FARM? |
| 3. NAME OF | First | Middle | Lost | 4. DATE Month | Day | Year |
| (Type or print) | WILLIAM | EDGAR | GOSSARD | DEATH Januar | | 19 60 |
| 5. SEX | The first day of the second | RIED NEVER MARRIED 8 | - C IO NO A T- III | 9. AGE IIn years | | IF UNDER 24 HRS. |
| Male | White widow | | November 1 | 8 1900 59 yrs. | Months Days | Hours Min. |
| 100. USUAL OCCUPAT during most of works Custodi | ON (Give kind of work done 10b. ng life, even if retired) | | ry Hagerst | | 12. CITIZEN O | F WHAT COUNTRY? |
| 13. FATHER'S NAME | | , a co poso ma co | 14. MOTHER'S MAIDEN N | | | |
| Fred G | ossard | | Vern | ie Baker | | |
| 15. WAS DECEASED E | VER IN U. S. ARMED FORCES? 1(| S. SOCIAL SECURITY NO. 17. # | VFORMANT | Address | | |
| No | 214 | -09-8513 M | rs Helen G | ossard 685 F | rederic | ok Rd. |
| 18. CAUSE OF DEA | ATH [Enter anly one cause per lin | e for (a), (b), and (c).] | Hagere | town Md. | INTE | RVAL BETWEEN ET AND DEATH |
| PART 1. DEA | TH WAS CAUSED BY: | onary Atherosc | | • | 900 | Recent |
| 11201 | DUE TO | mary Amerosc | LETUSIS DEVE | 710 | | |
| Conditions, if | | diac Hypertropl | 777 | | | |
| gove rise to imme | ediote couse DUE TO | drac hyper crops | .t.y | | | |
| (o), stoting the | underlying | monary Congest | ion & Edoma | | 11.55 | |
| | HER SIGNIFICANT CONDITIONS | | | INALDISEASE CONDITION GIV | | 19. WAS AUTOPSY PERFORMED? YES X NO |
| 20a. EXTERNAL CA | USE WAS 20b. DESCRI | BE HOW INJURY OCCURRED. (E | nter nature of injury in Par | t I or Part II of item 18.) | | |
| | | | | | | |
| 20c. TIME OF INJU Hour e. m. p. m. | Wh | | CE OF INJURY (Home, farm ory, street, office bldg., etc. | 1, 20f. (City or town) | (County) | (Stote) |
| 21. I certify t | hot I took charge of the | remains described obo | ve, held on Autops | y x, Inspection , | Inquiry 🗌 | , and find that |
| deoth resulted | d from: Notural couses | ☑, Accident ☐, Sui | cide . Homicide | Undetermined c | ouse . | |
| | 160,0 | | | | | |
| ACTUAL SIGNATURE | A. Music | Mr | M.D. CHIEF MEDICAL EX | KAMINER - | | DATE SIGNED |
| | | | ASSISTANT MEDIC | AL EXAMINER | 7. | -13-60 |
| EXAMINER'S NAME (Type) | Dr. E. W. Ditt | o, Jr. | DEPUTY MEDICAL | EXAMINER 💂 | -4- | 1)-00 |
| 220. BURIAL, CREMATION REMOVAL (Specific Burial) | ON, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR Slate Hill C | crematory emetery | 22d. LOCATION (City, town, of Shiremanstow | | (Stote) |
| 23. FUNERAL DIRECTO | | ADDRESS | V | | TRAR'S SIGNATU | |
| ndrew K. | Coffman Hager | stown Md. | DATE | D BY REGISTRAR 246. REGIS | na L Traves | |

That is not a great and there algorithment of the party of the party of The state of the s

TTENDING PHYSICIAN: The law requires that the death certificate be

er death. Poge

| | 1 | - 6 | 63 | 2 4 | Ha. |
|---|---|----------|----|------|-----|
| | | L | 1 | 1. | |
| - | | million. | - | Page | - 6 |
| | | | | | - |

| | 1225 CERTIFICA | ATE OF DEATH Reg. Dist. No. |
|----|--|---|
| | D. COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmissian) b. COUNTY Washington |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown 33 years | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown |
| 81 | d. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital | d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES NO |
| 3 | NAME OF DECEASED (Type or print) Thelma First Middle Rinehart Green | ant Lost 4. DATE Month Day Year OF DEATH January 16 19 60 |
| | | 9. AGE (In years of birthdoy) Pecember 21, 1915 445. 15 UNDER 1 YEAR IF UNDER 24 HF Manths Doys Hours Min. |
| 1 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Te Own Home | Chewsville Md. |
| | Roy B. Rinehart | Fannie E. Wolfe |
| | | FORMANT Address mpton E. Grant |
| | gove rise to immediate | al Hegetic Tailere 1-2 ma |
| 0 | Couse (o), stoling the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I | PERFORMEDA |
| | 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter noture of injury in Port I or Port II of item 18.) |
| | | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stot tory, street, office bldg., etc.) |
| | 21. I certify that I attended the deceased from 1000 alive an 1-15, 1960, and that death ACTUAL SIGNATURE | accurred at \$100M, from the causes and an the date stated abay ADDRESS (Street, city or town, state) DATE SIGNI A.D. 135 N. Potomac St. /-/6-6 |
| | PHYSICIAN'S NAME (Type) David J. Boyer | Hagerstown Md. |
| | 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1=18-60 Rest Haven 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | |

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS innich & Son Hagerstown Md. 24g. REC'D BY REGISTRAR DATE JAN 1 8 '60

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

TO HOSPITAL 15M 9/5B

VS A15 (4)

| | | ADDRESS | 881 | |
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| same 22, 1-6 -6 -6 | 01.134 | | | |
| .6- 2 | roze zeyali | T | David J. Roy | |
| | II Townsen | | | |
| | | and strength a | S. Aplant M | 1 13000 |

moy be retained by the property FUNERAL DIRECTOR: 3 should be pode 10 VS A1S (4) 1SM 9/SB

PHYSICIAN'S

NAME (Type)

Joseph Secondari 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) OD NSBOKO 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURES **ADDRESS** 24b. REGISTRAR'S SIGNATURE arthur S. Thank DATE JAN 00NS130120

Boonsboro, Md.

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIFIC

| E DEPARTMENT OF HEALTH | 01229 |
|--|-------|
| CH AND RECORDS — BALTIMORE 1, MARYLAND | ATTOO |
| CATE OF DEATH | |

| 1226 | CERTIFICA | TE OF DEATH | 1 | | | |
|--|---------------------|---|---------------------------|--------------------------------|------------------|-------------------------------------|
| o. COUNTY ONAFYE Washington | MARYLAND | 2. USUAL RESIDENCE (Wo. STATE | b | . COUNTY ~. | ence before admi | ssion) |
| RURAL ond give nearest town) Hagerstown | GTH OF STAY IN 16 | c. CITY OR TOWN (IF | / 1 | its, write RURAL ond | X-2 | |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Western Maryland State Hospi | tal | d. STREET ADDRESS | | | ON | SIDENCE A FARM? |
| NAME OF DECEASED (Type or print) First | Middle | GUOTOR | 4. DATE OF DEATH | Month | 14 14 | Yeor 1960 |
| SEX 6. COLOR OR RACE 7. MARRIED | DIVORCED _ | October 6 | 9. AGE lost 1891 68 | (In years birthdoy) yrs. | Days Hours | Y |
| o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired Self | Employed | | e or foreign country) | | U.S.A. | COUNTRY |
| FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | | | |
| Doc Gupton | | Fannie | Portress | | | |
| . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL es. no. or unknown) [(If yes. give war ar dates of service) | SECURITY NO. 17. II | NFORMANT | | Address | | |
| | 6-4877 Mr | s. Virginia (| Collins - 1 | Nanjemov . | Maryla | nd |
| 18. CAUSE OF DEATH [Enter only one couse per line for (o |), (b), ond (c).] | meumon | \ | | INTERVAL I | |
| Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO (c) | ear w | in metast | carcine | rnical ho | 10 20 | Mon |
| Arterios clerati | E hear | + disease | | DITION GIVEN IN PA | PERF YES | ORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB ARTUNIO S CLUTOTI 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY C While Not work of work | OW INJURY OCCURRE | D. (Enter noture of injury i | n Port I or Port II of i | tem 18.) | | |
| | OCCURRED 20e. Pl | ACE OF INJURY (Home, fa ctory, street, office bldg., e | rm, 20f. (City or tow | rn) | (County) | (Stot |
| 21. I certify that (I) (this hospital) attended the sow the deceased alive on | | deoth occurred of [] | | ouses and on the | | |
| 220. SIGNATURE Houng & Ch 22c. PHYSICIAN'S NAME (Type) | un | M.D. ATTENDING PHYS. | MFD. STA | F. Ave Hay | | 2b. DATE SIGNE 14 19 M. M. |
| REMOVAL (Specify) Burial 1/17/1960 Elm | wood Cemet | ery. | Henders | | h Caroli | ote) |
| alapan, | DORESS LA PLATA | IAM | C'D BY REGISTRAR | 25b. REGISTRAR'S S | | |

PLASS OF STAGETHER ASSET where we - white the same of a second ASSESSED BY AND DESCRIPTION OF STREET WAS BY AND ADDRESS. CERTIFICATE OF DEATH

01230

| 160 | 10 | | | Reg. Dist. I | No. |
|--|---------------------------|----------------------------------|----------------------------|--------------------------|---|
| 1. PLACE OF DEATH o. COUNTY | MARYLAND | 2. USUAL RESIDENCE (W | b. | COUNTY | efore admission) |
| WASHINGTON | | 0410 | | WILLIAMS | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate limit | ts, write RURAL and give | nearest town) |
| SAN MAIZ | 4 MONTHS | BRVA | -N_ | 12 X - 3 | |
| d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION | 1 - | d. STREET ADDRESS | | | e. IS RESIDENCE ON A FARM? YES NO |
| TAHRNEY - MEIEDY MEKIOR | IN HOME | <u>II</u> | | | IES NO [|
| NAME OF DECEASED (Type or print) | Middle | Last | 4. DATE OF DEATH . 1 | Month | Day Year |
| CHARCES | | B. DATE OF BIRTH | UHI | d A LL I A Bree o | AR IF UNDER 24 HRS |
| 6. COLOR OR RACE / MARK | IED NEVER MARRIED | B. DATE OF BIRTH | last b | orthday) Manths Doy | |
| MALE WHITE WIDOWE | 7 | July - 20 - 19 | 571 88 | yrs. 6 | |
| Oa. USUAL OCCUPATION (Give kind of work done 10b. during mast of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (State | or foreign country) | 12. CITIZEN | OF WHAT COUNTRY |
| RETIRED OIL MELL | OPERATOR | NEAR MA | NSFIELD | OHIO UIS | ·A. |
| 3. FATHER'S NAME | 4 | 14. MOTHER'S MAIDEN | VAME | | |
| EMANUEL HART | ER | SARAH EL | 124 BET | H RIDEN | מטת |
| | SOCIAL SECURITY NO. | NFORMANT | - | 80 Address RIDGE | FIELD RE |
| | 46-05-10T8 BE | RNARD C.H | ARTIER | WASH . 16. | |
| 1B. CAUSE OF DEATH [Enter only one couse per Jin | e for (o), (b), and (c).] | 1 | 1 1 | | NTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | mor elasod | arlennel | ondes | C | NSET AND DEATH |
| IMMEDIATE CAUSE (a) | The Course of Carl | or the ter | e e e e e | | 37. |
| 450.0 DUE TO | | | | | |
| Conditions, if ony, which gove rise to immediate (b) | | | | | |
| cause (o), stating the under- | | | | | |
| lying cause lost. (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF CAUSE OF DEATH OF CITY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS OF CAUSE OF DEATH OF CITY MEDICAL EXAMINER | CONTRIBUTING TO DEATH BU | NOT RELATED TO THE TERM | INAL DISEASE CONDI | TION GIVEN IN PART 1(o | 19. WAS AUTOPSY PERFORMED? YES NO |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESC | CRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in | Port I ar Part II of ite | m 1B.) | |
| | | | | | |
| <u> </u> | - for | ACE OF INJURY (Home, farm | |) (Coun | ity) (Stote |
| Hour o. m. While of work | Not while | ctory, street, office bldg., etc |) | | |
| | 200 | 8 (E) N | 50. 26 | 1. | |
| 21. I certify that I attended the deceas | 1 1 | 1991, to The | N.10 | , $192Q$, that I last s | aw the decease |
| alive an an 10 196 | and that death | accurred at | _M, fram the ca | uses and on the do | ate stated above |
| 1 1 11 01 | / | 2 | ADDRESS (Street, city | or town, state) | DATE SIGNE |
| SIGNATURE ALLE | an | MD //24 | mustos | 20 | 1/20/6 |
| PHYSICIAN'S A. W. Lev. | an | | | and. | 1/ |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | OR CREMATORY | 22d. LOCATION (Ci | ty, town, or county) | (Stote) |
| REMOVAL (Specify) | 2 2 | O CAL PHONE | Dalla | ALLA | (5.5.5) |
| 13URIAL DAN: 24: 1960 | DKOWN | CEIMIETER | DICYC | LY OLLO | THE |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 1VID 24a. REC | AN 25 60 | 24b. REGISTBAR'S SIGNA | Cours |
| Land 12. Agran | OONSBORO | DATE | 1110 | | |

TO HOSPITAL WAS INCOMED TO THE WAS A STATE OF THE TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: Pages 1 and 2 shauld be filled with er death. Page 4 11 DRIL TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the registrar prior to burial, crematian, ar remaval, ond in any event within 72 haurs after death TO HOSPITAL

VS A1S (4) 1SM 9/5B

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TITLE OF STADE HAME PORT

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E. A. Lander W. L. A. Lander H. Steinmanne H. St. W. Ser. 1994.

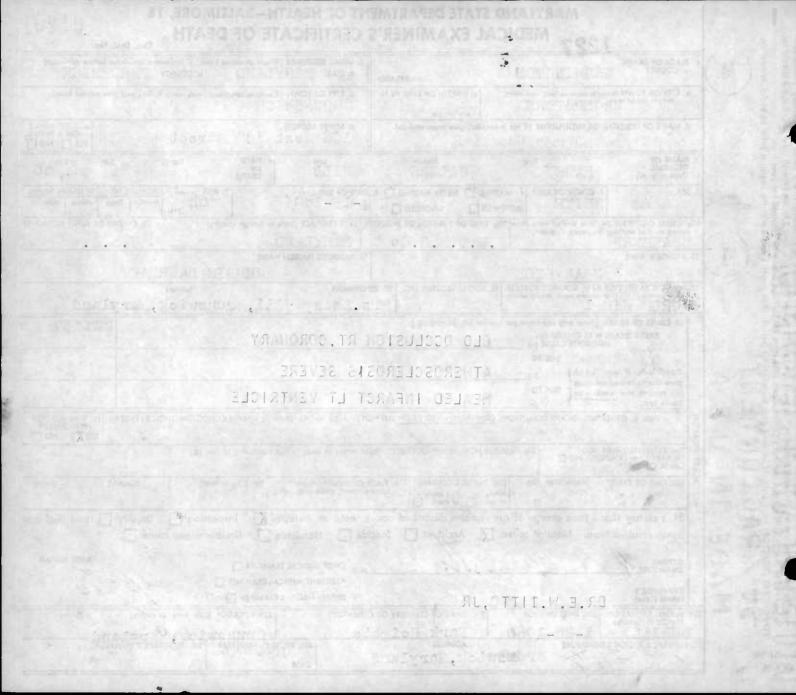
VS. A15ME(5) 5M 9/55

or remayal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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|-------|--|----|---|---|---|---|
|-------|--|----|---|---|---|---|

| | 1661 - | tem 1 | F11MG27 | 17 2-2 | -0U et | | | | | Reg. Di | st. No. | | |
|---|---|------------------------------|-------------------------------|----------------------|-------------------------------------|---------------------------|--------------------------|--|-------------------------|-------------|---------|-----------|-------------------|
| PLACE OF DEATH o. COUNTY | WASHINGTO | N | M | ARYLAND | 2. USUAL RE o. STATE | | Where deced | | | FRE | | | |
| b. CITY OR TOWN (| If outside corporate limits, write | | c. LENGTH OF ST | TAY IN 16 | | INSWI | outside cor | rporate limi | ts, write | RURAL and | give ne | parest lo | wn) |
| | on County | | | dress) | d. STREET 108 | ADDRESS West | "C" | Stre | eet | | | ON | A FARMS |
| 3. NAME OF -DECEASED (Type or print) | HARRY First | | WALTER | | HILI | | 4. DATE OF DEATH | | Menth | 2 | 5007 | | 960 |
| 5. SEX MALE | MHILLING | MARRIED | | | DATE OF BIRT | 895 | | 9. AGE (In facility for the facility for | years loy - yrs. | Months [| YEAR | Hours | ER 24 HRS Min. |
| 10a. USUAL OCCUPATI during most of worki BRAKEMAN | ON (Give kind of wark doing life, even if retired) | B . & | O.R.R. | OR INDUSTR | MARY | LA ND | ar foreign | country) | | | S.A | | COUNTRY |
| 13. FATHER'S NAME | | | 1 | | 14. MOTHER'S | MAIDEN | NAME | | | | | | |
| | NOAH HUL | | | | | | JEN. | NIE I | ANE | CHART | | | |
| 15. WAS DECEASED EX (Yes. no. or unknown) WORLD WA | /ER IN U. S. ARMED FORC (If yes, give war or dates of se R 1 | | OCIAL SECURITY I | | formant s .Dais | y Hi | .11,B: | | Address Vick | , Mar | yla | ind | |
| | ATH [Enier only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO | | (a), (b), and (c). _D OCCL | | RT.C | ORON | ARY | | | | INTER | VAL BETWE | EN ITH |
| Canditions, If a gave rise to imme (a), stating the cause last. | diote cause | | THEROSC EALED I | | T LT | | RICLE | | | | | | |
| CATIC | HER SIGNIFICANT CONDI | ITIONS CON | TRIBUTING TO DI | EATH BUT NO | OT RELATED TO | THE TERMI | INAL DISEAS | SE CONDITI | ON GIVI | EN IN PART | | PERFO | AUTOPSY PRMED? |
| | USE WAS 20b. | DESCRIBE H | IOW INJURY OC | CURRED. (En | ter nature of in | njury in Parl | t I ar Port II | of item 18. |) | | | | |
| 20c. TIME OF INJU Haur g. m. p. m. | RY Month, Day, Year | 20d. IN. While of work | Not while at wark | 20e. PLACI foctor | E OF INJURY (ry, street, affice | Home, farm bldg., etc. | 20f. (Cit | y or town) | | (Cour | nty) | | (Stole) |
| | hat I took charge of I from: Natural co | | | | ide [], H | lamicide | (AMINER | | | Inquiry | | and f | find tha |
| EXAMINER'S NAME (Type) | DR.E.W.DI | | JR | | DEPUTY | | AL EXAMINE EXAMINER [| | | 12 | 3/6 | 0 | |
| REMOVAL (Specify) | 1-28-196 | | Park F | | | | | TION (City, | | r county) | and | (State | 1) |
| 23. FUNERAL DIRECTOR | | unswi | address ck, Mar; | yland | | 240. RECT | NPY ZEE IS | TRAR 24 | . REGIS | TRAR'S SIGI | NATUR | 4 | |



VS A15 (4) 15M 9/55

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| and. | ofter death |
| cian | g & |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | 1228 | CERTIFIC | AIE OF DEAT | Reg. I | Dist. No. 1 1232 |
|---|--|------------------------------|--|--|---------------------------------------|
| 1. PLACE OF DEATH o. COUNTY WAS | HINGTON COUNTY | MARYLAND | O. SIAIL | here deceased lived. If institution: Resid b. COUNTY MORGA | V |
| b. CITY OR TOWN (RURAL and give r | (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | autside carporote limits, write RURAL on | d give nearest town) |
| HA | GERSTOWN | 1 day | PAW P | W | 85X-3 |
| d. NAME OF HOSPI OR INSTITUTION | ITAL (If not in hospital, give stree | t oddress) | d. STREET ADDRESS | | e. IS RESIDENCE |
| | SHINGTON COUNTY | HOSPITAL | ROUTE | #1 | YES NO |
| 3. NAME OF DECEASED (Type or print) | VIRGIL BENJAM | Middle TM HOOK | Lost | 4. DATE Month OF DEATH TANTIADY 1 | Day Year 1960 19 |
| 5. SEX | | RRIED NEVER MARRIED | 8. DATE OF BIRTED 1 | OKIVUARI 149 | 1960 19 ER 1 YEAR IF UNDER 24 HRS. |
| M | WHITE WIDOV | | 417011000 1 | last birthday) Months | |
| 10a. USUAL OCCUPATI during most of war ORCHARD 13. FATHER'S NAME | ON (Give kind of work done 10k rking life, even if retired) WOKKER | | HAMPSHIA | RE COUNTY, W. VA | CITIZEN OF WHAT COUNTR |
| JAME | SLEE HO | ok | MAY MA | ATILOH MAY Z | BOHRER |
| 15. WAS DECEASED EVI (Yes. no. or unknown) | ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service) | SOCIAL SECURITY NO. 17. | RS VESSIE | Hook, PANT | PAN, W. VA. |
| 18. CAUSE OF DE | ATH [Enter only one couse per | line far (a), (b), and (c).] | | 7/ | INTERVAL BETWEEN |
| PART I. DE | ATH WAS CAUSED BY: Pu | lmonary aspira | tion of forei | on material | ONSET AND DEATH |
| 1416V | DUE TO | | 02011 02 20102 | All moves say | ~ 111 5 |
| Conditions, if | | Itinle embolic | ation from le | ft atrial thrombus | 21. hma |
| gove rise to | immediate (| TOTOTE CHINITA | acton from te | To actial curombus | 24 hrs |
| tying couse fost. | (c) Rh | eumatic heart | | | vears |
| PART II. OT | THER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERM | AINAL DISEASE CONDITION GIVEN IN PA | ART 1(a) 19. WAS AUTOPSY |
| 5 H | ypertensive hea | rt disease | | | PERFORMED? |
| 20g ACCIDENT W | | SCRIBE HOW INJURY OCCURRI | ED. (Enter nature of injury in | Port I or Port II of item 18.) | 7 |
| | | INJURY OCCURRED 20e. P | ACE OF INJURY ALTER | loor to: | |
| 20c. TIME OF INJUI Hour o. n. p. m. | While | Not white | LACE OF INJURY (Home, for actory, street, office bldg., etc. | m, 20f. (City or town) | (County) (State) |
| ₹ p. m. | 19 of we | ork at work | | | |
| 21. I certify th | hat I attended the decea | sed from Jan. 13, | 19609 to J. | an. 13, 1969 that | last saw the decease |
| alive on Jan. | 13, 1960 19 | , and that deat | occurred at 6:25 | AM, from the causes and on | the date stated above |
| | 11/1-1 | 20 | | ADDRESS (Street, city or town, state) | DATE SIGNE |
| ACTUAL SIGNATURE | The H. | Mehne | M.D | 1/14/60 | |
| PHYSICIAN'S NAME (Type) | John H. Kehn | e, M. D. | | Washington St., Has | gerstown, Md. |
| BEMOVAL (Specify) | | WOODROW | CREMATORY | PAW AW, | W. State) |
| 23. EUNERAL DIRECTOR | I'S SIGNATURE CHILL | ADDRESS BERKE | SLEY 240. REC | D BY REGISTRAR 246. REGISTRAR'S S | B. Krous |
| / | -/-/ | JER! | LA LA DONE | MAN I O OO | |

| Link and wind | HE OF DEATH | ADHIDDD 95 | |
|--|--|---------------------|-----------------------------|
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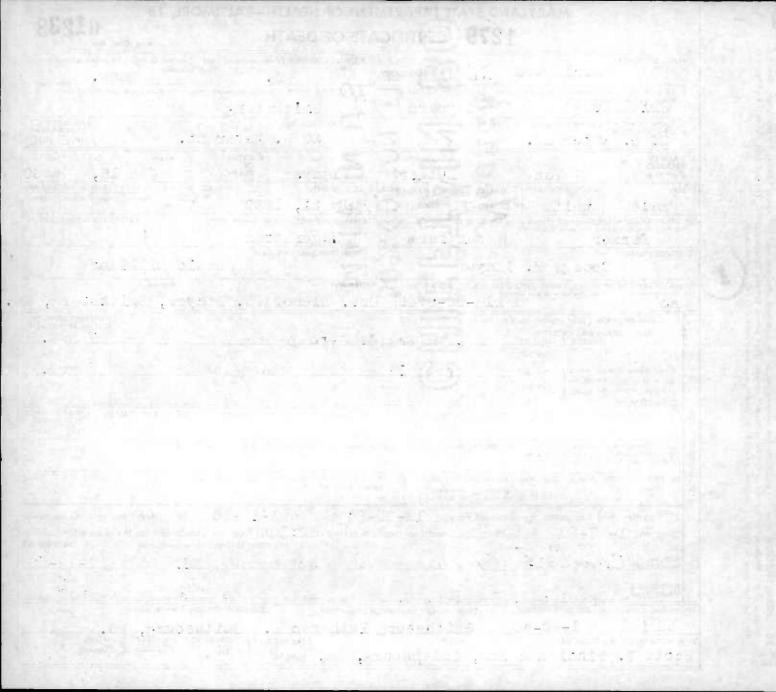
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1279 CERTIFICATE OF DEATH

01233

Reg. Dist. No.

| a. COUNTY | Washingto | n | MARYL | | USUAL RESIDENCE a. STATE | (Where decease | d lived. If institut b. COUNTY | | sh. | admission) |
|--|---|--------------------|-----------------------------------|--------------------------|--|-----------------------------------|--------------------------------------|--------------------|-------------|--|
| b. CITY OR TOWN RURAL and give | (If outside corporate limi nearest town) DUTE | ts, write | 6 Vears | N 1b | c. CITY OR TOWN | (If outside corpo | | RURAL and g | jive neare: | st town) |
| d. NAME OF HOSE OR INSTITUTION 20 We | Water St. | ive street o | oddress) | 1 | d. STREET ADDRES | - | | | | IS RESIDENCE ON A FARM? (ES NO) |
| 3. NAME OF DECEASED (Type or print) | Fir Van | st | Middle Luther | | Itn yer | 4. DATE OF DEATH | Мо | | Doy 18, | Year 19 60 |
| s. sex | 6. COLOR OR RACE | 7. MARRI WIDOWE | ED ANEVER MARRIED | _ | ATE OF BIRTH | 1889 | 9. AGE (In years last birthday) | IF UNDER Months | 1 YEAR IF | UNDER 24 HRS. Hours Min. |
| faring most of wo | ION (Give kind of work of brking life, even if retired | | own farm | INDUSTRY | 11. BIRTHPLACE (S Hager S | stown | ountry) | 12. CITI | ZEN OF W | HAT COUNTRY? |
| 13. FATHER'S NAME | George H. | Itn | yer | | . MOTHER'S MAID | | ennie V | /illi | ams | |
| 1S. WAS DECEASED EN (Yes, no, or unknown) | /ER IN U. S. ARMED FOR (If yes, give war or dates of s | ervice) | SOCIAL SECURITY NO. $8-30-9740$ | | s. Elenc | ora S. | | ress , Smi | thsb | urg, M |
| Canditions, if gave rise to cause (a), statin lying cause last | g the <u>under</u> DUE TO |) | | ized | arters | cleros | | | 6 | yrs. |
| 20a. ACCIDENT V | THER SIGNIFICANT CON VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER! | | RIBE HOW INJURY OC | | | | | VEN IN PAK | | PERFORMED? |
| 20c. TIME OF INJU | JRY Month, Day, Yes | While | UURY OCCURRED 2 Not while at work | 20e. PLACE (factory, | OF INJURY (Hame, street, office bldg. | form, 20f. (City, etc.) | y ar town) | (C | County) | (State |
| ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | harles & | , 19 , // | , and that of | death acc | curred al 2: | 30M, fram ADDRESS (S thabur | the causes a street, city or town | nd an the | date s | tated abave DATE SIGNED -19-60 |
| REMOVAL (Specif | | | Smithsbu | | utheran | C. Sr | TION (City, town, | ro M | d. | (State) |
| 23. FUNERAL DIRECTO | PR'S SIGNATURE Minnich & | Sor | ADDRESS Smithel | hiro | 24a. | JAN 21 | TRAR 246. REG | ISTRAR'S SIC | Thank | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01234

| CERTIFICATE OF DEAT | TH |
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| | shington | MARYLAND | 2. USUAL RESIDENCE (W o. STATE Md | | . If institution: Reside b. COUNTY Was | |
| b. CITY OR TOWN (If or RURAL ond give neare Hagersto | utside corporate limits, write st town) WID | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | | mits, write RURAL ond | give nearest town) |
| OR INSTITUTION | (If not in hospital, give stree Potomac St | | d. STREET ADDRESS | Potoma | St. | e. IS RESIDENCE ON A FARM? YES NO |
| NAME OF DECEASED (Type or print) | Elizabet | h Courtney | Jackson | 4. DATE OF DEATH | January | 13, Year 1960 |
| female 6. | 242 h 4 + n | ARRIED NEVER MARRIED DIVORCED DIVORCED | Sept. 3, 1 | 907 9. AG | birthday) yrs. IF UNDER | N 1 YEAR IF UNDER 24 HR Doys Hours Min. |
| 0a. USUAL OCCUPATION during most of working OWNER | life even if retired) | b. KIND OF BUSINESS OR INDU | | e or foreign country) | | IZEN OF WHAT COUNTRY |
| 3. FATHER'S NAME | rederick M | orris | 14. MOTHER'S MAIDEN | n Barr | | |
| 5. WAS DECEASED EVER IN (Yes, no, or unknown) (If y | es, give war or dates of service) | 6. SOCIAL SECURITY NO. 214-09-2941 | William Ja | ekson, l | Address Hagerstow | n. Md. |
| PART I. DEATH | ediote DUE TO | Hodgekin | & Disie | -1 | | INTERVAL BETWEEN ONSET AND DEATH |
| PART 11. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME | SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERA | AINAL DISEASE CON | DITION GIVEN IN PAI | RT 1(a) 19. WAS AUTOPS PERFORMED? YES NO [|
| | INDERLYING 206. D CAUSE OF DEATH DICAL EXAMINER) | ESCRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in | Port I or Port II of | item 1B.) | |
| 20c. TIME OF INJURY Hour o. m. | Whi | 1- | ACE OF INJURY (Home, far ctory, street, office bldg., et | | ~n) (| County) (Stot |
| 21. I certify that alive on | l attended the dece (2 , 19 Um M. C ALTON M | 47 | | P.M. from the c ADDRESS (Street, c | couses ond on the | ost sow the deceose e dote stoted obov DATE SIGNI |
| 20. BURIAL, CREMATION, | 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | | 1001 100. 71011 | | |
| BUTIAL 3. FUNERAL DIRECTOR'S S | 1-16-60 | Rest Haven | Cemetery | | City, town, or county) OWN, Md. 24b, REGISTRAR'S SI | (Stote) |

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. the registrar prior to buriol, cremation, ar removol, and in any event within 72 haurs ofter death. TO HOSPITAL

VS A1S (4) 15M 9/5B

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214-09-2941 William Chokson, Engeratown, Mis.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1230 CERTIFICATE OF DEATH

| 0 | 1 | 2 | 3 | 5 |
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| | 1. PLACE OF DEATH o. COUNTY FREDERICK Washington MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY | | | | | | |
|---|--|--|--|--|--|--|--|--|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STLVER SPRING 1556 2 | | | | | | |
| / | d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO | | | | | | |
| | WESTERN MARYLAND STATE HOSPITAL | TOTAL TITLE OF THE TOTAL | | | | | | |
| | 3. NAME OF DECEASED (Type or print) Bessie | JAFFE OF DEATH 16 1960 | | | | | | |
| | | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In under 24 HRS. | | | | | | |
| H | | JUNE 10, 1893 66 yrs. | | | | | | |
| , | 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) HOUSEWIFE | ITRY 11. 8IRTHPLACE (State or foreign country) LITHUANIA U.S.A. | | | | | | |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| , | ISAAC MESKUP | UNKNONIN | | | | | | |
| / | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN | IFORMANT Address | | | | | | |
| | (Yes, no, or unknown) (If yes, give war or dates of service) | ACOB JAFFE 1613 TILTON DRIVE., S.S., MD. | | | | | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] | Trom bosis Interval Between ONSET and DEATH | | | | | | |
| | 23) V | Mounts of mounts | | | | | | |
| | Conditions, if ony, which) | arterio Sclerosis 17 months | | | | | | |
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| | Library Land Land Land Land Land Land Land Land | | | | | | | |
| | Z R. T. OTHER CICANE CANDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY | | | | | | |
| 0 | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OLOSOF DEATH OR CONTRIBUTING OLOSOF OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) | PERFORMED? YES NO | | | | | | |
| | | D. (Enter noture af injury in Part I ar Part II af item 18.) | | | | | | |
| | 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a. m. While at wark of wark | ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.) | | | | | | |
| | 21. I certify that (I) (this haspital) attended the deceased fram. NOV, 13. 1259, ta fram the causes and an the date stated above. | | | | | | | |
| | saw the deceased alive an 19,00, and that d | leath accurred diversity from the causes and an the date stated above. | | | | | | |
| | Houng & Chun | M.D. ATTENDING MED. STAFF PHYS. Jan 16 1960 | | | | | | |
| 1 | YOUNG E. CHUN | 1500 Penna Ave Hagerstown, Ma | | | | | | |
| 9 | 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF | R CREMATORY 23d. LOCATION (City, town, or county) (State) | | | | | | |
| | 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | | | | | |
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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No. 1236

| o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (When a. STATE Maryland | e deceased lived. If institution: b. COUNTY | Residence before admission) Nashington |
|---|---------------------------------|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF our | side carporate limits, write RUR | |
| d. NAME OF HOSPITAL (If not in hospitol, give street WOR INSTITUTION County Hos | | /333 N. Can | non Ave. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Charles | Amos Kibl | | OF January | 29 Day Yeor 1960 |
| 5. SEX 6. COLOR OR RACE 7. MARR White WIDOW! | | Lugust 1, 18 | | FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min. |
| | KIND OF BUSINESS OR INDUS | Springfie | eld Va. | 12. CITIZEN OF WHAT COUNTRY |
| John S. Kibler | | 14. MOTHER'S MAIDEN NA | Belle Hack | lev |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yer, no, or unknown) (If yes, give war or dates of service) | SOCIAL SECURITY NO. 18-2543 Mr. | S. Sophia K | Address | 3.5 |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate couse (a), stating the under- lying couse last. Ca. DUE TO Ca. (b) DUE TO | r c inoma of M | andible, Mor | ith & Tongue | . 1 year. |
| PART II. OTHER SIGNIFICANT CONDITIONS ON NO. | CONTRIBUTING TO DEATH BUT | not related to the termin | al disease condition given | N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| 20d. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED |). (Enter nature of injury in Pa | rt I ar Port II af item 1B.) | |
| Haur a.m. While | i i | tory, street, affice bldg., etc.) | 20f. (City ar tawn) | (Caunty) (State) |
| 21. I certify that I attended the decease alive an Jan. 29, 19 | ed from Jan. 29 | occurred all:22PA | A, fram the causes and DDRESS (Street, city or town, sto | on the date stated above the property of the date of the date stated above the date of the |
| PHYSICIAN'S NAME (Type) R. A. Bell | | | The Park Barrier | Md. |
| 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 2-1-60 | | netery | Shepherdstov By REGISTRAR 24b. REGISTR | ,, |
| 23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Sc | ADDRESS On Hagerator | 7.1 | | Inthur S. Kraus |

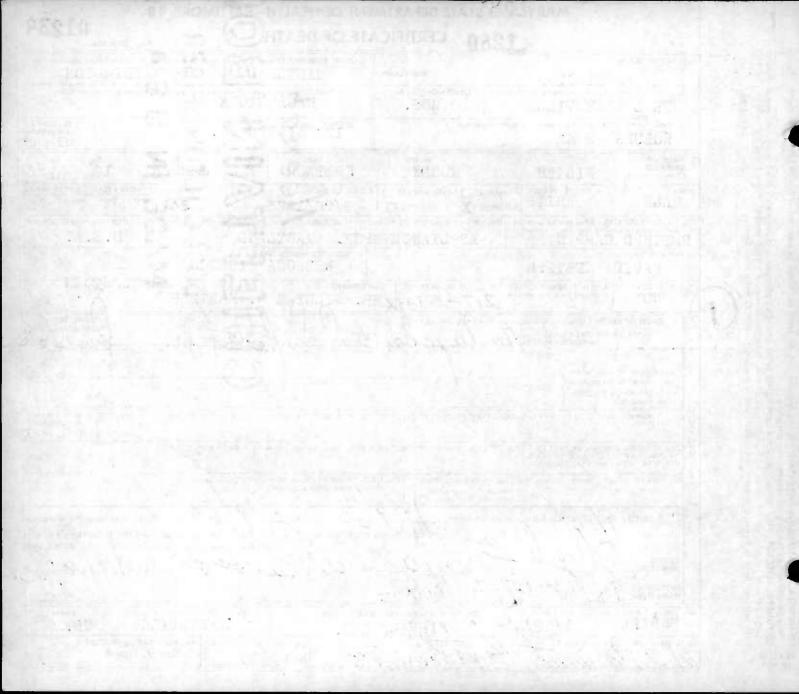
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TO HOSPITAL

VS A1S (4) 15M 9/SB

| 1200 | reg. Dist. 140. |
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| 1. PLACE OF DEATH o. COUNTY WASHINGTON MARY | (LAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYWASHINGTON |
| b. CITY OR TOWN (If outside carporate limits, write RURAL and give pegres fown) ILLE 9 MOS. | II A CITITO I I MONITORE |
| d. NAME OF HOSPITAL (If not in haspitol, give street address) OBURN HOME | d. STREET ADDRESS TER ST. o. IS RESIDENCE ON A FARMAY YES \(\) NO (\) |
| 3. NAME OF DECEASED (Type or print) WILKEN MOODY | KRETZER 4. DATE Month JANUARY 19 19 6 |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER | 9/26/1875 last birthday) Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER APPLIANC | CE MFGR. MARYLAND U.S.A. |
| DAVID KRETZER | 14. MOTHER'S MAIDEN NAME REBECCA GIGEOUS |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service) | AND WILL TANK HI PEDEMPTED MD. |
| 1B. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (c) | a cial dufaction duncka |
| CATIC | ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CCURRED. (Enter noture of injury in Part I or Port II af item 18.) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at work | 20e. PLACE Of INJURY (Hame, farm, 20f (City or town) (Caunty) (Stote foctory street, office bldg., etc.) |
| 21. I certify that anerded the deceased from alive on, and that, and that are alive on, and that, and that, and that are alive on, and the area are alive on, area are alive on, and the area are alive on, area are alive on, area area. | death occurred at |
| BURNERICITY) 1/22/80 FAIRVI | IEW CEM. (Stote) KEEDYSVILLE MD. |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Onther 8. Thousand |



M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1233 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01239

Reg. Dist. No.

| | 1 ' COUNTY | JSUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Washington |
|-----|--|---|
| | | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hagerstown |
| | | 913 Summit Ave. |
| | 3. NAME OF DECEASED (Type or print) Clarence Russell Long | Lost 4. DATE Month Day Year OF January 19 19 60 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATI Maj | 7 30, 1895 G4 yrs. Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Bag Cleaner Milling | |
| | 13. FATHER'S NAME John Long | Lucy M. Hart |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which agove rise to immediate course | celusion _ another |
| | (a), stoting the underlying DUE TO Carterior release | To Heat Sie 10 years |
| 2 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter no contributions) | ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO PART 100 |
| | | oture of injury in Part I or Part II of item 1B.) |
| | | INJURY (Home, farm, ceet, office bldg., etc.) (City or town) (County) (State) |
| | 21. I certify that I taak charge of the remains described above, I | |
| | death resulted from: Natural causes , Accident , Suicide ACTUAL SIGNATURE , M.D. M.D. | DATE SIGNED |
| 2 | EXAMINER'S TIPEWITITES Ja | ASSISTANT MEDICAL EXAMINER D |
| | 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM Burial 1-21-60 Rose Hill Cem | ATORY 22d. LOCATION (City, town, or county) (State) netery Hagerstown Md. |
| - 1 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | Scott F. Minnich & Son Hagerstown 1 | Ad . DATE AN 22'60 Cirthur S. Krana |

VS. A15ME(5) SM 9/55

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er death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

VS A15 (4) 15M 9/5B

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 11 | MARYLAND | STATE D | PEPARTMENT | OF HEALTH- | BALTIMORE, | 18 |
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CERTIFICATE OF DEATH

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| - | | | | | |

| | 1001 | | | Reg. Dist | t. No. |
|---|--|--|------------------------------|--|---|
| d. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (WO. STATE | here deceosed lived. I | f institution: Residence COUNTY Wash | e before admission) |
| b. CITY OR TOWN (If outside carporate limit RURAL and give nearest town) Smithsburg | s, write c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | | s, write RURAL ond gi | ive nearest town) |
| d. NAME OF HOSPITAL (If not in hospitol, gi | ve street address} | d. STREET ADDRESS 63 W. | Water St | | e. IS RESIDENCE ON A FARM? YES NO |
| NAME OF DECEASED (Type or print) Firs | ie Belle | Long | 4. DATE OF DEATH | Jan. 5 | Day Year 1960 |
| female 6. COLOR OR RACE white | 7. MARRIED NEVER MARRIED WIDOWED TO DIVORCED | June 28, 1 | .880 % AGE | 44 4 4 | YEAR IF UNDER 24 HRS Days Haurs Min. |
| Da. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) | one 10b. KIND OF BUSINESS OR INDU | | or foreign country) OWN, Md. | 12.CITIZ | EN OF WHAT COUNTRY |
| Jacob For: | rest | 14. MOTHER'S MAIDEN | | tte Ward | |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCY (If yes, give war or dates of see | | INFORMANT S. Maude Co | ffman, S | Address mithsbur | g, Md. |
| PART I. DEATH Enter only one coupling to the coupling of the coupling of the coupling of the coupling | A | arterscler | | FON GIVEN IN BANK | INTERVAL BETWEEN ONSET AND DEATH 30min. |
| | 20b. DESCRIBE HOW INJURY OCCURRI | | | | PERFORMED? YES NO |
| 20c. TIME OF INJURY Month, Doy, Yea Hour a.m. 19 | r 20d. INJURY OCCURRED 20e. Pl While Nat while ot work of the otwork to | ACE OF INJURY (Home, foructary, street, office bldg., et | m, 20f. (City or town) | (Co | ounty) (State |
| ACTUAL SIGNATURE PHYSICIAN'S Charles | F. Hess, M. D. | m accurred at: 00A | M, fram the co | ises and an the or town, stote) | |
| 20. BURIAL, CREMATION, REMOVAL (Specify) 1-7-60 | Middletown | Luthern C. | | town, Md | (Stote) |
| s. funeral director's signature Scott F. Minnich & | ADDRESS Son. Smithshu | | D BY REGISTRAR 2 | 4b. REGISTRAR'S SIG | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. Na. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. CQUNTY ashington MARYLAND burial b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! Hagerstown Hagerstown with the registrar priar to d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Washington County Hospital Mitchell YES NO T NAME OF 4. DATE Month Year DECEASED January GROVER CLEVELAND LUCAS 1960 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours White WIDOWED March DIVORCED [10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? C during most of working life, even if retired) USA Stanley Paige Co Va. oug Junk Dealer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges George Grace A. Jenkins W. Lucas 16. SOCIAL SECURITY NO. 17. INFORMANT Frank Turner 109 Clearview Rd 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN gerstown ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (0) burial-fransit **DUE TO** Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY SO PERFORMED? used YES | NO P 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Priter noture of Injury in Part I or Port II of item 18.) 3 should 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy 12. Inquiry Inspection death resulted fram: Natural causes . Accident Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER remaya **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION. 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Rose Hill Gemetery rerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2 8 '60 arthur . Trays Coffman Hagerstown Id. Andrew K.

farwarded to the Chief Medic O FUNERAL DIRECTOR: Page VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01242 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washington o. STATE Maryland b. COUNTY Frederick

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Address

e. IS RESIDENCE

YES NOW

Year

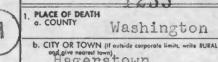
DATE SIGNED

(State)

19 60

Day

U.S.A.



Hagerstown Thurmont hrs. RD d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital NAME OF 4. DATE Month OF DEATH Mabel Martin (Type or print) January 5. SEX 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Months female white WIDOWED [7] DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
HOUSEWITE Own Home Maryland 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Deweese Effie Fry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

c. LENGTH OF STAY IN 16

MARYLAND

| No | | LesT | Henry Martin | Thurmont, | Md. RD | 6 |
|--------------------------------------|--|------------------------------|---------------------------------|---------------------------------|-------------------------------------|---|
| 18. CAUSE OF DE | ATH [Enter anly ane cause per | line for (a), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | GUNSHOT WO | JND OF HEAD | | O TO CO AND COAIN | |
| 976X | DUE TO | | | | | |
| Canditians, if | | SELF INFI | LICTED | THE COURT OF YORK IN | 3号HRS. | |
| gave rise to imm (a), staling the | | | | | | |
| cause last. | (c) | | | | | |
| PART II. O | THER SIGNIFICANT CONDITION | S CONTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERMINAL | DISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPS PERFORMED? |) |

20g. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. GUNSHOT WOUND OF HEAD 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Nal while THURMONT, MD at work at work Inspection X, Inquiry 21. I certify that I took charge of the remains described above, held an Autopsy ... death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined couse .

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

| 1 | | rede [7, Homelde [], Onderermined |
|------------------|----------|-----------------------------------|
| ACTUAL SIGNATURE | We Della | M.D. CHIEF MEDICAL EXAMINER |
| | // | ASSISTANT MEDICAL EXAMINER |

EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) F W DITTO 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

REMOVAL (Specify) 1-15-60 Burial Blue Ridge Cemeterv Thurmont. Mar vland

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thurmont. Md.

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO Z

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1237 CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUN Wash: | ington | | MARYLAND | a. STATE | CE (Where deceased | d lived. If institution b. COUNTY | 242 2 4 | efore admission) .ngton |
|--|--|---|------------------|---|------------------------------------|---|-----------------|---|
| | f autside carparate limits. | / | of STAY IN 16 | c. CITY OR TOV | VN (If autside carpo | | URAL and give r | learest town) |
| OR INSTITUTION | AL (If not in hospitol, give | street oddress) | | d. STREET ADD | _{RESS} Maryland | Ave | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Ella V | irginia | McCoy | Last | 4. DATE OF DEATH | Januar | у 7 | Day Year 19 60 |
| s. sex Female | TAT- A | MARRIED NEVER | | une 24, | 1882 | 9. AGE (In years last birthday) 77 yrs. | Months Doys | AR IF UNDER 24 HR |
| 10a. USUAL OCCUPATION during most of work House 13. FATHER'S NAME | ON (Give kind of work dor king life, even if retired) Wige | Own Ho | | | ansville | | 12. CITIZEN | OF WHAT COUNTRY |
| | Jacob Ebe | rsole | BITY NO INE | Cas | sandra | Bagfo | | |
| | (If yes, give war or dates of service) | | | | R. Ocke | ч | erstown | Ma. |
| Conditions, if o gove rise to i cause (o), stoting lying couse lost. | mmediate (DUE TO | Sener | for /V | leve of BELATED TO THE | es V | E CONDITION GIA | VEN IN PART 1/0 | 10 Gran |
| OTTO | 1EK SIGNIFICANI CONDII | IJONS CONTRIBUTION | 3 TO DEATH BUT N | OI KELAIED IO IA | IE I EKMINAL DISEAS | E CONDITION GIV | EN IN PART I(G) | PERFORMED? |
| | AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER; | Db. DESCRIBE HOW IN | NJURY OCCURRED. | (Enter noture of in | njury in Port I ar Por | t II of item 18.) | | |
| 20c. TIME OF INJUR Hour a.m. p. m. | RY Manth, Doy, Year 19 | 20d. INJURY OCCUR While Nat while at work ot work | le facta | E OF INJURY (Har ry, street, affice bl | me, farm, 20f. (City dg., etc.) | ar tawn) | (Count | ty) (State |
| alive an | nat I attended the d | . 0 | d that death o | 215 | ADDRESS (S | | d an the do | aw the decease ite stated abav DATE SIGNE |
| | | Ditto Fr | | | agerstov | | | |
| 220. BURIAL, CREMATIC REMOVAL (Specify) Burial | | - | OF CEMETERY OR | | TT | TION (City, town, | | (Stote) |
| | | 690 | Haven (| Cemeter | A | gerstow | m Mc | |

TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs when death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remain carbon papers. Pages 1 and 2 shauld be filted-with the registrar prior to burial, cremation, ar removal, and in any event within 72 thours after death. VS A1S (4) 1SM 9/SB

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| OF | DEATH | | Reg. | Dist. | |
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|) | o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Wh | ere deceased lived. If institution b. COUNTY | on: Residence before admission) |
|---|--|---------------------------------|---|--|---|
| | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Hagerstown | c. LENGTH OF STAY IN 16 4 month | c. CITY OR TOWN (IF o | tutside corporate limits, write R | URAL and give nearest town) 47 x = 3 |
| | d. NAME OF HOSPITAL (If not in hospital, give street or institution Martin Manor Rest Hom | | d. STREET ADDRESS 2015 Hilly | | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF First DECEASED (Type or print) Nora | Middle E I | McEnerney | 4. DATE Mon OF DEATH Jan | / |
| | | | B. DATE OF BIRTH | 9 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Female White WIDOW | | Nov. 6 1868 | B lost birthday) 91 yrs. | Manths 2012 Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired) HOUSEWITE H | KIND OF BUSINESS OR INDUS | Ansonia | es . | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 1 | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | |
| 1 | Patrick O'Dwyer | | Nora I | Hayes | |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes no, or unknown) (If yes, give war or dates of service) N | | rs. Charles | | " Hillyer Place ashington D. C. |
|) | Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONDITIO | an ferries co | Cox ter Colcu | of disease | EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P |
| | 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in F | Part I or Part II of item 1B.) | 113 110 110 |
| | Hour a.m. While | | ACE OF INJURY (Mome, farm ctory, street, office bldg., etc. | | (County) (State) |
| | 22a. BURIAL, CREMATION, 22b. DATE THEREOF | g, and that death | M.D. 217 Wes Hagerst | | d an the date stated above. state) DATE SIGNED 1 St., 1/2/60 |
| | puriar oan. 4-60 | | Cemetery | Hagerstown | Maryland |
| | 23. EUNERAL DIRECTORIS SIGNATURE | Meansport of | DATE 240. REC'I | D BY REGISTRAR 246. REGIS | other S. Kraus |

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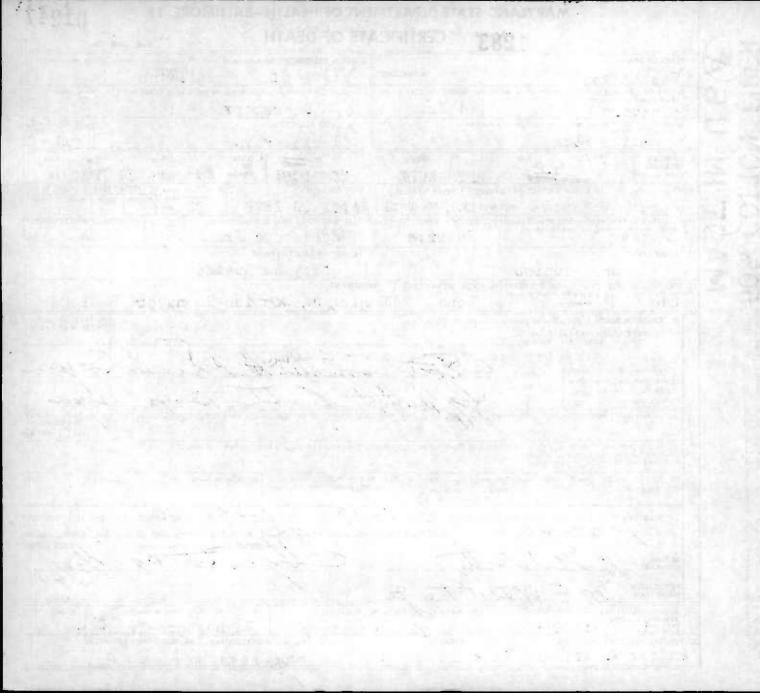
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CERTIFICATE OF DEATH

| 60 | 0 | Keg | . Dist. No. |
|--|----------------------------|--|--|
| 1. PLACE OF DEATH o. COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Where deceosed lived. If institution: Reso, STATE b. COUNTY Washington | idence before admission) |
| b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL of | and give negrest town) |
| Boonsboro R # 1 | 4 Yrs | × Boonsboro R # 1 | |
| d. NAME OF HOSPITAL (If not in hospital, give street | | d. STREET ADDRESS | e. IS RESIDENCE |
| Jerico Farm | | Jerico Farm | ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Middle RUTHRAUFF | MINNICH 4. DATE Month OF DEATH January | Day Year 26 1 9 60 19 |
| S. SEX 6. COLOR OR RACE 7. MAI | | B. DATE OF BIRTH 9. AGE (In years IF UN | IDER 1 YEAR IF UNDER 24 HRS. |
| 71 | WED CONTROL DIVORCED | April 19 1876 lost birthdoy) Mont | ths Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10th during mast of warking life, even if retired) | . KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stote or foreign country) Pa. 12. | CITIZEN OF WHAT COUNTRY? |
| Farmer | Retired | Waynesboro Franklin Co | USA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | |
| Jacob Minnich | | Mary Ruthrauff | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) {If yes, give wor or dates of service} | | NFORMANT Address | - 41 |
| (Yes, no, or unknown) (If yes, give wor or dates of service) | None Da | aniel L. Minnich Boonsboro | R#1 Md |
| 18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONDITIONS | Herring to DEATH OUT | Clinated Head Service MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN D. (Enter noture of injury in Port I or Port II of item 18.) | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART 100 N |
| 20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. Whil | 6-1 | ACE OF INJURY (Home, farm, tory, street, affice bldg., etc.) | (County) (State) |
| 21. I certify that I attended the deced alive an | and that death | R CREMATORY 22d. LOCATION (City, town, or caure and control of the course of the cour | DATE SIGNED TO STATE SIGNED TO STATE SIGNATURE |
| | Sor soowii mu. | DATEJAN 28 160 Civilya | I Kenya |

er death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VS A1S (4) ISM 9/S8



TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs great death. Page 4 may be retained by the haspital or attending physician.

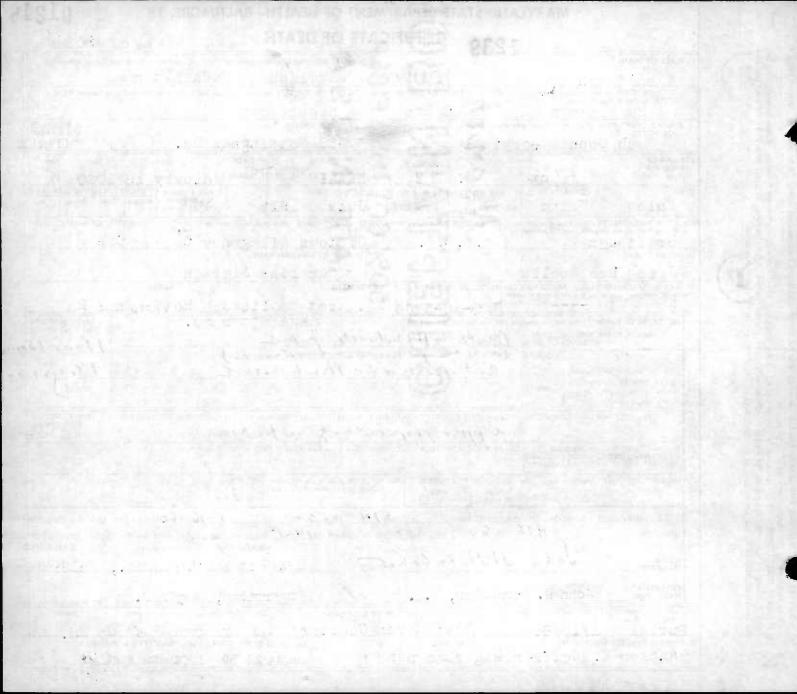
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please regrove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 77 haurs after death.

VS A15 (4) 15M 9/5B

| 1239 | CERTIFICATE | OF | DEATH |
|------|-------------|----|-------|
| | | | |

Reg. Dist. No302

| 1. PLACE OF DEATH a. COUNTY Washing | ton | | MARYLAN | 11 / | USUAL RESID | | | lived. If institution is county ashing | | e befare adm | issian) |
|--|---|--------------------|----------------------|------------|--------------------------------|-------------|----------------|--|-------------|----------------------|---------------------|
| b. CITY OR TOWN (I RURAL and give no | If autside carporate limits, | write (| LENGTH OF STAY IN | Ъ | 0 | | utside carpo | rate limits, write R | | ve nearest ta | wn) |
| | rstown | | 6 Hrs | 03 | Hag | erst | own | | | | |
| d. NAME OF HOSPIT OR INSTITUTION | TAL (If nat in haspital, giv | e street ad | ldress) | | d. STREET AL | DDRESS | | | | e. IS R | A FARM? |
| Wash | County Hos | spita | al | | 356 | Nott | ingha | m Rd. | | | ☐ NR □X |
| 3. NAME OF DECEASED | First | | Middle | | Last | | 4. DATE OF | Man | | Day | Year |
| (Type or print) | JAMES | | LEROY | 1 | EALIS | | | January | | 1960 | 19 |
| 5. SEX | | · MARRIE | NEVER MARRIED | | TE OF BIRTH | | | AGE (In years last birthday) | | YEAR IF UN | |
| Male | | VIDOWED | | | uly 6 | | 0 | 士士 yrs. | Manths | Days Haur | s Min. |
| 10a. USUAL OCCUPATION during most of work Draftsm. | ON (Give kind of work do king life, even if retired) | 4700 | ND OF BUSINESS OR IN | | | | _ | - | - 1 | EN OF WHAT | COUNTRY? |
| 13. FATHER'S NAME | E6 [] | | Walle Ite | | Latow MOTHER'S | | | ley Co | 0 | OA | |
| | 37 | | | 33 | | | | | | | |
| | ee Nealis | | | | | olin | e Bie | rman | | | |
| | R IN U. S. ARMED FORCE | | OCIAL SECURITY NO. | INFOR | MANT | | | Addı | ress | | |
| No | | - I | 5-10-5864 | Mar | | | | 56 Not | tingh | am Rd | |
| 18. CAUSE OF DEA | ATH [Enler anly one caus | | | | H | ager | stown | 1 Mid. | | INTERVAL ONSET AN | BETWEEN |
| PART I. DEA | TH WAS CAUSED BY: IMMEDIATE CAUSE (a) | arm | to lith ven | spice | clar sh | ilus | | | | i D | DEATH |
| 1120 0 | DUE TO | Car | to left ven | 11 0-11 | an! | rola | | 1 | | 100 | V/31 |
| 700.0 | | 1 | terial | 1. | A. | -1 77 | wit ! | | | 91, | 4.0 |
| Canditians, if a gave rise to i | | vw | - 1 wros chr | e tic | Jru | rin | ocesa | | | 1/2 | Trans |
| cause (a), stating | | | | | | | | | | (| |
| lying cause last. | (c)_ | | | | | | | | | | |
| PART II. OTH | HER SIGNIFICANT CONDI | TIONS CO | NTRIBUTING TO DEATH | BUT NOT | RELATED TO | THE TERMI | NAL DISEASI | CONDITION GIV | EN IN PART | 1(a) 19. WA | S AUTOPSY ORMED? |
| CAT | | ry | was indo | , her x | | | retim | | | | NO H |
| PART II. OTH | AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER) | Ob. DESCR | BE HOW INJURY OCCU | IRRED. (En | iter nature af | injury in F | Part I ar Pari | II of item 1B.) | 8 | 7 | |
| 20c. TIME OF INJUR Hour a.m. | Y Manth, Day, Year | | | | OF INJURY (F street, affice | | | ar tawn) | (Co | ounty) | (State) |
| p. m. | 19 | While at wark [| Nat while at wark | 10010.77 | arroon, arrico | Diog., etc. | 1 | | | | |
| 21 1 22456 46 | | | 1 | 714 | 10.17 | | | 1-161960 | 1 1. 1 | 1 | |
| | at I attended the c | 19 6 | | | | | | | | | |
| alive an | | , | | | | | | | | _ | |
| | 1.1 | 140 | V. / | | | , | ADDRESS (St | reet, city ar tawn, | state) | D | ATE SIGNED |
| ACTUAL SIGNATURE | John. | 111 | Hom bonz | M.D. | | 154 | West V | Tashingto | n St. | 1:1: | 3:60 |
| | | | | | | | | | | | |
| PHYSICIAN'S NAME (Type) | John H. Ho | rnba | ker, M.D. | | | Hage | rstow | Maryla | nd. | | |
| 22a. BURIAL, CREMATIC | N. 22b. DATE THEREOF | | 22c. NAME OF CEMETER | | | | | ION (City, lawn, o | | | ate) |
| REMOVAL (Specify) | 1/10/60 | | Rest Have | | | יז יד יד | | | | | |
| 23. FUNERAL DIRECTOR | 'S SIGNATURE | | ADDRESS | 11 0 | | - | D BY REGIST | stown W | TRAR'S SIGI | | • |
| | K. Coffmar | Har | | 17 | | | | | | | |
| 11000000 | OULIMET | 1 1100 6 | Per 2 POMIT I | au_ | | DATEJAN | 121'61 | Out Out | hun 8, 4 | traces | - |



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| : The law requires that the death certificate be executed within 24 hours | ing physician. | te has been signed by the attending physician and campletely filled in by the | burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shar |
| F | O | -50 | 5 |
| | 2 | 9 | 9 |

| TO HOSPITAL O TENDING PHYSICIAN: The law requires that the death certificate be exect may be retained by the hospital or attending physician. | OFUNEXAL DIRECTOR: After this certificate has been signed by the aftending physician and ca page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon parthe registrar prior to burial, crematian, ar remaval, and in any event within 72 haups after death |
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| 15M | 10/57 |
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| MARYLAND | STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|----------|------------------|----------------------|----|
| 400 | CERTIFICATE | OF DEATH | 0 |

| | - MARYI | 28 | | | TE OF DEAT | | TIMORE, 1 | 8 Reg. Dist. N | 0124 | 9 |
|---|--|-----------|---------------------|-----------|------------------------------------|--|--|-------------------------------------|--------------------------------------|-------|
| 1. PLACE OF DEATH o. COUNTY | Washingt | on | MARY | LAND | 2. USUAL RESIDENCE (W. o. STATE Md | | d lived. If institution b. COUNTY | on: Residence be Washin | | |
| b. CITY OR TOWN | I (If outside corporate limi | | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN (IF | outside corpo | prote limits, write R | JRAL ond give n | earest town) | |
| RURAL and give | | | 4 Yes | ra | X Pe | nmar | | | | |
| | PITAL (If not in hospital, a | | | | STREET ADDRESS | | | NE. | e. IS RESIDEN ON A FARI YES NO | M? |
| 3. NAME OF DECEASED | Fir | st | Middle | | Lost | 4. DATE | Mon | th [| ay Yeor | |
| (Type or print) | Cla | ra | Caro | oline | Nuice | OF DEATH | Jar | 1. | 5 19 (| 60 |
| S. SEX | 6. COLOR OR RACE | 7. MARE | RIED NEVER MARRIE | оп в | B. DATE OF BIRTH | | | IF UNDER 1 YEA | R IF UNDER 24 | HRS. |
| Female | White | WIDOW | | | Feb. 15. 1 | 880 | lost birthdoy) 79 yrs. | Months Days | Hours M | Ain. |
| 100. USUAL OCCUPA | TION (Give kind of work | done 10b. | KIND OF BUSINESS O | R INDUS | TRY 11. BIRTHPLACE (Stot | | | 12. CITIZEN | OF WHAT COU | JNTRY |
| | orking life, even if retired SO Wife | P | rivate Ho | ome | Baltimo | no Ma | | U.S. | | |
| 13. FATHER'S NAME | SO MITE | - 2 | | | 14. MOTHER'S MAIDEN | | • | 0.0. | 1 e | - |
| Ton | anh Waterston | 22 | | | Bl | - aleat a | 20 | | | |
| IS. WAS DECEASED E | eph Metzstro | | SOCIAL SECURITY NO | 17. IN | FORMANT | acksto | Add | ect | | - |
| (Yes, no, or unknown) | (If yes, give war or dates of s | | | | | | | | | |
| No. | EATH [Enter only one co | | None | M | rs. David Be | nder, | Penmar Mo | l. | | |
| Conditions, if gove rise to couse (o), stolin lying cause las | immediate DUE TO | 0 | erely | 1-1 | Tas cular | la | corder | it | 1-2 y | n |
| CAT | THER SIGNIFICANT CON | | CONTRIBUTING TO DEA | ATH BUT ! | NOT RELATED TO THE TERA | MINAL DISEAS | SE CONDITION GIV | EN IN PART 1(o) | 19. WAS AUTO PERFORMED YES NO | D? |
| | MAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY O | CCURRED | . (Enter nature of injury in | Port I or Por | t II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have o. m. 19 While of work | | | | | | | (County |) (S | Stole) | |
| actual SIGNATURE PHYSICIAN'S NAME (Type) | 1/7/60 | oung | ong Sh | M.D. | Blue Ricery | ADORESS (S Coly idge S 22d LOCA | Summit, TION (City, town, c) TRAR 246, REGIS | nd an the distote) Pa. pr county) | (Stote) | bove |

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ar removal.

VS. A15ME(5) 5M 9/55

| | 7960 | ltem 13 Fi | 11mG255 1- | 29-60 6 |) t | | Reg. Dist. No |). |
|---|---|--|---|---------------------------------------|----------------------|-----------------|------------------|---|
| 1. PLACE OF DEATH | | | O. STAT | E | nere deceased live | b. COUNTY | | |
| | ington | | RTLAND | maryla | | Wa | ashing | |
| and give nearest | N (If outside corporate limits, write town) | RURAL C. LENGTH OF STA | Y IN 16 c. CITY | OR TOWN (IF o | outside corporate | limits, write R | URAL and give it | searest town) |
| Magers | | 5yrs | | gerste | wn, Mar | rylan | 4. | 1 |
| | | nat in hospital, give street add | 1/ | ET ADDRESS | - 433 | | | o, IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF | | | 1 59 | | | y | | |
| DECEASED (Type or print) | Mareld | Willian | m Pay | ten | OF DEATH | Month | 1.8 | Year 19 6 0 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED NEVER MARR | IED 8. DATE OF 8 | IRTH | 9. AG | Line days | FUNDER TYEAR | IF UNDER 24 HRS. |
| Male | Colored | WIDOWED DIVORCE | July | 29 193 | | yrs. | Months Days | Hours Min. |
| during most of wo | ATION (Give kind of work dorking life, even if retired) | ne 10b. KIND OF BUSINESS O | | | r foreign country) | | 12. CITIZEN O | F WHAT COUNTRY |
| 13. FATHER'S NAME | | | | R'S MAIDEN NA | | - | | |
| | William Pa | iyton | Jı | ilia Ay | rery | | 3 - 18 | |
| 15. WAS DECEASED | EVER IN U. S. ARMED FOR | | | | | Address | | |
| Yes | Korean | 230-30-85 | 23 Julia | Paytor | 1 424 P | ark P | lace. | |
| 18. CAUSE OF E | DEATH [Enter only one coust | per line for (o), (b), and (c). | | | | | | EVAL BETWEEN |
| PART I. C | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | | | 373134 | | | | |
| 491 Conditions, if | DUE TO | Constant | Poles | Fream | mia | Bilat | | 3 days |
| gove rise to im (o), stoling th couse last. | mediate couse DUE TO | | Co. Fee J | | | | | |
| | OTHER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEA | ATH BUT NOT RELATED | TO THE TERMIN | ALDISEASE CON | DITION GIVE | N IN PART 1(a) | 9. WAS AUTOPSY |
| OTA D | | | | | | | | PERFORMED? |
| PART II. 20g. EXTERNAL PRIMARY G or CAUSE OF DEA | CONTRIBUTING [| DESCRIBE HOW INJURY OCC | URRED. (Enter nature o | of injury in Port I | l or Port II of iten | n 18.) | | |
| 20c. TIME OF IN Hour o. p. | | 20d. INJURY OCCURRED While Not while at work at wark | 20e. PLACE OF INJUI factory, street, o | RY (Home, form, ffice bldg., etc.) | 20f. (City or tov | vn) | (County) | (Stote) |
| 21. I certify | that I took charge | of the remains describ | ed above, held | an Autopsy | Inspec | tion [], | Inquiry [| , and find the |
| death result | red from: Natural c | auses Accident | , Suicide , | Homicide | , Undete | rmined co | iuse . | |
| ACTUAL SIGNATURE | Nettel o | Oll Z | M.D. CHII | EF MEDICAL EXA | MINER - | | | DATE SIGNED |
| EXAMINER'S NAME (Type) | THEWA | JITTO & | ~ | STANT MEDICAL UTY MEDICAL EX | | | | |
| 220. BURIAL CREMA | TION, 226. DATE THEREOF | | ETERY OR CREMATOR | · : | 22d. LOCATION (| City, tawn, ar | county) | (Stote) |
| Jurial | Jan 22 1 | 960 Rose Mi. | ll Cemete | | Magera | - N. 27 | larylar | |
| 23. FUNERAL DIRECT | FOR'S SIGNATURE | ADDRESS | | | BY REGISTRAR | | RAR'S SIGNATU | |
| John | Valson To | Naguestrus | n mol | DATE JA | N 25'60 | ari | thun S. Kea | ue |

the property man found designed of the court of the court

er death. Page 4

| | CER | TIF | ICA | TE | OF | DEA |
|--|-----|-----|-----|----|----|-----|
|--|-----|-----|-----|----|----|-----|

| | | 1941 | CERTI | FICA | TE OF D | EATH | | | Reg. D | ist. No | 302 | |
|--|---|-----------------|--------------------------|--------------------------------------|--|----------------|------------------------|---------------------------------|---|----------------------------------|------------|------------|
| 1. PLACE OF DEATH a. COUNTY Washin | gton | T 10 4 7 | MARY | LAND | 2. USUAL RESID | Land | | lived. If instituti | | nce befa | re admiss | ian) |
| b. CITY OR TOWN RURAL and give | (If outside corporate limi | ts, write c. LE | NGTH OF STAY | IN 1b | c. CITY OR T | OWN (If au | tside carpo | rate limits, write R | URAL and | give nec | arest tawn | 1) |
| Hagerst | | | 1 Hr | | X | Funk | stown | n | | | | |
| OR INSTITUTION | ITAL (If not in haspital, g | | | /d. street Address 1 West Greene St | | | | | e. IS RESIDENCE ON A FARM? YES NO | | | |
| 3. NAME OF DECEASED (Type or print) | Fir HENRY | - | Middle | P | ITSNOG | | 4. DATE OF DEATH | Janua | | 3 19 | | Year 19 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIE | ED B | DATE OF BIRTH | | | 9. AGE (In years last birthday) | IF UNDE Manths | R 1 YEAR Days | IF UNDE | Min. |
| Male | White | WIDOWED [| DIVORCE | D | Oct 26 | 1895 | 5 | 64 yrs. | | Days | Haurs | Mill. |
| 10a. USUAL OCCUPAT during mast af wo Supervi | ON (Give kind of wark of rking life, even if retired 500 | | of Business o Industi | | | ACE (State o | | | 12.CF | TIZENO | | OUNTRY? |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN NA | AME | | | | | |
| Edwa | rd Pitsno | gle | | | S | arah | E. S | hank | | | | |
| | ER IN U. S. ARMED FOR | CES? 16. SOCIA | L SECURITY NO | . IN | FORMANT | | | Add | lress | | | |
| No | | 317-3 | 32-6002 | Wi | lliam . | H. P1 | tsno | gle 1 V | Vest | Gre | eene | St |
| | B. CAUSE OF DEATH [Enter only one cause per line for/(a), (b), and (c),] Funks town Md. | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| gave rise to | onditions, if any, which are rise to immediate ouse (a), stoting the under DUE TO DUE TO DUE TO Conditions, if any, which are rise to immediate ouse (a), stoting the under DUE TO | | | | | | | | | 54n+ | | |
| lying cause last | |) | | | | | | | | | 4 | |
| PART II. O | THER SIGNIFICANT CON | DITIONS CONTR | BUTING TO DE | ATH BUT N | NOT RELATED TO | THETERMIN | IAL DISEASI | E CONDITION GIV | VEN IN PA | RT 1(a) 1 | PERFO | RMED? |
| | AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESCRIBE | HOW INJURY O | CCURRED | . (Enter nature a | f injury in Po | art I or Pari | t II af item 18.) | | | | |
| Y 20c. TIME OF INJU Haur a. m. p. m. | | While 1 | OCCURRED Nat while | | CE OF INJURY (I ary, street, affice | | 20f. (City | ar town) | | (County) | | (State) |
| 21. I certify olive on 3 | hat I offended the | deceased fr | // | | occurred at | | | the causes ar | | | stated | dobove |
| ACTUAL SIGNATURE | 740 | Lusky | 1 | N | D. 23 | ONP | oun | treet, city or town, | state} | | 13 ga | 4 60 |
| PHYSICIAN'S NAME (Type) | FFLust | y / | | | Ha | yer- | ntr | us The | | | 0 | |
| 22a. BURIAL, CREMATI REMOVAL (Specif Burial | ON, 226. DATE THEREO | | NAME OF CEM | | crematory m Gard | | | rion (City, lawn, erstown | | | (State | - |
| 23. FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | | 24a. REG'D | BY REGIST | RAR 24b. REG | ISTRAR'S S | IGNATU | RE | |
| Androw To | Coffwan | Homan | - | 7. 4 | | JA | W 1 5 | 60 C | Cothus | 9 4 | - | |

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the funeral director. To funeral director, and a should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon capers. the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL

VS A15 (4) 15M 9/58

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1243 CERTIFICATE OF DEATH

Reg. Dist. No. 302

01254

| PLACE OF DEATH a. COUNTY | Washington | | MARYLAND | o. STATE | iaryl: | | lived. If instituti b. COUNTY | | | re odmiss | |
|---|---|--------------------|------------------------|-----------------------|-------------|------------------------|----------------------------------|------------|----------|--------------|-----------------------|
| RURAL and give r | | its, write c. | LENGTH OF STAY IN 16 | c. CITY OR T | OWN (If | | ate limits, write R | URAL ond | give ne | arest town |) |
| Hagerst | | | 4 days | 03 | | Hager | stown | | | | |
| OR INSTITUTION | ton County | | | d. STREET A | | ecrest | Road | | | | FARM? |
| | | | | | | _ | | | | | |
| 3. NAME OF DECEASED (Type or print) | GE | RTRUDE | Middle HELEN | QUINN | | 4. DATE OF DEATH | Januar | | 3 | | Year 19 6 0 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | 1 | | 9. AGE (In years | IF UNDE | RIYEAR | IF UNDE | R 24 HRS. |
| femake | white | WIDOWED [| | October | 8, 1 | 894 | lost birthday) 65 yrs. | Months | Doys | Hours | Min. |
| during most of wor | rking life, even if retired | dane 10b. KIN) | D OF BUSINESS OR INDL | | | or foreign co | untry) | | | | OUNTRY? |
| housewif | е | | | | | Penn. | | | S.A. | • | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN | NAME | | | | | |
| | Peter Josep | h Koss | ler | | Ma | gdalen | a Blaese | | | | |
| 15. WAS DECEASED EV | ER IN U. S. ARMED FOR | CES? 16. SOC | CIAL SECURITY NO. | INFORMANT | 7-1- | | Add | | | | |
| (Yes, no, or unknown) | (If yes, give war or dates of s | 174 | -01-5058A | Edwin F. | Quin | n Hage | erstown, | Mary | land | i | |
| 18. CAUSE OF DE | ATH [Enter anly one co | use per line fo | or (o), (b), and (c).] | 01 4 6 | | | | | INT | ERVAL BE | TWEEN |
| PART I. DE. | ATH WAS CAUSED BY: | . 17 | 400 | . 0 . 1 | C | 6.000 | of clis | | ON | SET AND | DEATH |
| 11000 | IMMEDIATE CAUSE (c | 18 | 7 Teno | 2 Clerk | | wan | · ccs | elle | | | |
| 40.0 | | , | 11 00 | | 0. | | use to or | | | 11 -0- | . 7. 7 |
| Canditions, if a | | 1 W | the con | unce C | Ria | uples | un tron | 7 7 | | 7 cxc | ye |
| couse (a), stating | |) | 0 | 00 | | | | | | | 200 |
| lying couse last. | | 1 hut | Lucina 1 | Edemo | | | | | | | |
| PART II. OT | D | | TRIBUTING TO DEATH BU | c / | 1 | | CONDITION GIV | EN IN PA | RT 1(o) | 9. WAS PERFO | AUTOPSY RMED? |
| <u> </u> | Preu | man(a | - lokar. | - Nisht | 100 | vu ! | alle | | | YES 🗌 | NO 🖸 |
| OR CONTRIBUTING | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCRIB | E HOW INJURY OCCURRE | ED. (Enter noture o | f injury in | Part 1 or Port | it of item 18.) | | | | |
| 3 20c. TIME OF INJU | RY Month, Doy, Ye | ar 20d. INJUI | RY OCCURRED 20e. PI | ACE OF INJURY | Home, form | n, 20f. (City | ar town) | | (County) | | (Stote) |
| 20c. TIME OF INJU Hour o. m. p. m. | 19 | While of wark | Not while to | ctory, street, office | bldg., etc | .) | | | | | |
| 21. I certify t | hat I attended the | deceased | fram Dec 3 | 1 19.59 | , ta | Jan 3 | 1960 | that I I | ast say | w the d | eceased |
| alive an | Jan 8 | 1960 | , and that death | accurred at | 1 OV | | the causes an | | | | |
| unive dil | 5 | | , and mar deal | , accorred at | | | reet, city or town, | | ie dale | | E SIGNED |
| ACTUAL | h. a. 1/1. | 16), | Ato | 27.5 | | | | | | | 11.14 |
| SIGNATURE | ming U | 00/ | (V O 111 | м.р. 21 | We | st was | shingto | 11 01 | 1.66 | C T | 4/0 |
| PHYSICIAN'S NAME (Type) | Edward W. | Ditto | 111, M. I | Hag | gers | town, | Maryla | nd | | | |
| 220. BURIAL, CREMATIC | | OF 22 | c. NAME OF CEMETERY C | OR CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (Stat | e) |
| REMOVAL (Specify Burial | 1/7/1960 | | St. Marv's C | emeterar | | Herm | an | T | enne | svlva | nia |
| | rs signature er Funeral | | ADDRESS | CINC DEL V | 24a. REC | D BY REGIST | | | | | ·····A |
| | A | nome H | agerstown, M | d. | | | | | | | |
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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL

VS A15 (4) 15M 9/5B

the registror

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1244 CERTIFICATE OF DEATH

Reg. Dist. No.

| | PLACE OF DEATH | nington | | M | ARYLAND | 0 S | AL RESIDE | - | | d lived. If institut | | ence befo | are admissi | ían) |
|------------|---|--|------------|------------------------------------|-----------|------------|-----------------|-------------|------------------------|---------------------------|--------------|-----------|-------------|-----------------|
| | b. CITY OR TOWN (If | autside carparate limi | ts, write | c. LENGTH OF ST | | c. C | ITY OR TO | WN (If au | utside carpo | rate limits, write l | RURAL and | give ne | arest tawn |) |
| | Hagers | | | 3 Yr | e s | 03E | lager | stor | wn | | | | | |
| | | AL (If nat in haspital, g | | address) | | /d. 9 | TREET AD | | ust I | 9t | | | | IDENCE FARM? |
| 3. | NAME OF DECEASED (Type or print) | SADIE | | EONA | ddle RA | YMEF | Last | | 4. DATE OF DEATH | Jany | 3 19 | 60 | | rear |
| 5. | SEX | 6. COLOR OR RACE | | | | | OF BIRTH | | | 9. AGE (In years | | | IF UNDE | |
| | Female | White | | | RCED | Jar | iv 3 | 188 | 2 | 1ast birthday) 78 yrs. | Manths | Days | Haurs | Min. |
| 100 | during most of work | ing life, even if retired | dane 10b. | Own Hon | | | BIRTHPLACE SVI | , | or foreign o | | 12.CI | - | F WHAT C | OUNTRY? |
| 13. | FATHER'S NAME | A | | | | 14. M | OTHER'S N | | | 14-1-1-20 | | 410 | | |
| | Peter 1 | Randolph | Lang | gdon | 3 | | San | rah ! | E. Bi | rown | | | | |
| 15. (Ye | WAS DECEASED EVER | IN U. S. ARMED FOR | | Social security None | | sepl | | Ray | mer 1 | 1822 Je | ress ffer | son | Blv | d |
| | | nmediate Dur To | , <i>a</i> | erchal | The | un | nis | - | n Md. | | | \$77 | Yea Yea | DEATH |
| CATION | | er significant con | | | | | | | | | VEN IN PA | ART 1(a) | PERFO | RMED? |
| L CERTIF | 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJUR | Y OCCURRI | ED. (Enter | nature af i | injury in P | art I ar Par | t II af item 1B.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Haur a.m. p. m. | Manth, Day, Yes | While | NJURY OCCURRED Nat while at wark | fo | | NJURY (Ho | | | ar tawn) | | (Caunty) | | (State) |
| | ACTUAL SIGNATURE | at lattended the | 12. | Jy, and the | hat death | _M.D | 1942, red at | 1 ' | ADDRESS (S | the causes at | nd on th | he date | 1/4 | |
| 220 E | BURIAL, CREMATION REMOVAL (Specify) | 1/6/60 | | 22c. NAME OF C | ~ | or CREMA | | 2.0 | | TION (City, town, | | | (State | e) |
| 1 | FUNERAL DIRECTOR'S | | - 11 | ADDRESS | 9 | | | | BY REGIST | | - | | IRE | 100 |
| A | ndrew K. | Coffman | Hag | erstown | Md. | LID - | | DATEAN | 8 '60 |) art | hun S. | Flow | 4 | |

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | MARYI | AND | STATE D | EPARTN | NENT OF | HEALT | H-BAI | TIMOR | RE, 18 | 8 | | 012 | 56 |
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| | | | 12 | SE CE | RTIFIC | ATE OF | DEAT | Н | | | Reg. Di | | () at (| UU |
| 1. | PLACE OF DEATH a. COUNTY | Washingto | on | | MARYLAND | 2. USUAL R o. STATE | ESIDENCE (W | den . | | institution DUNTY | | sh. | e admiss | ion) |
| | b. CITY OR TOWN (III | f outside corporate limi | ts, write | c. LENGTH OF | STAY IN 16 | c. CITY C | R TOWN (If | outside corp | orote limits, | write RU | RAL ond | give nea | rest town |) |
| | Smithsbu | irg rura | | 1 0 | ears | 1 | ithsb | urg | rui | ral | | | | |
| | or institution RFD 1 | AL (If nat in haspitol, g | ive street | oddress) | | d. STREE | RFD | 1 | | | | | | FARM? |
| 3. | NAME OF DECEASED (Type or print) | Fir Dora | st | Bell | Middle | Riden | Lost OUT | 4. DATE OF DEATH | | Month | nua | Do: | | rear 19 60 |
| S. | SEX | 6. COLOR OR RACE | 7. MARI | RIED NEVER | MARRIED [| 8. DATE OF B | | | 9. AGE (In | years [| FUNDER | 1 YEAR | IF UNDE | R 24 HRS |
| | female | white | WIDOW | | VORCED [| March | 20. | 1883 | lost birt | yrs. | Months | Days | Hours | Min. |
| 10 | during most of work | ON (Give kind of work or ing life, even if retired | done 10b. | KIND OF BUSIN | NESS OR INDU | | HPLACE (Store | | | | 12. CIT | ZEN OF | WHATC | OUNTRY? |
| 13 | FATHER'S NAME | John H. | roms | | | 14. MOTHE | R'S MAIDEN | NAME | Mart | ha V | olf | | a.B | |
| | | R IN U. S. ARMED FOR (If yes, give war or dates of s | | social securi 15-36- | | R. Em | erson | Ride | enour | Addre , Sn | | sbu | rg, | Md. |
| | | mmediote (| Hyp | ne for (0), (b), o ute C ERTENS | ADDIA | e Fai | luzz VASCN | 1AR | Dissa | 321 | | | RVAL BE ET AND SRW | |
| CERTIFICATION | 20a. ACCIDENT WA | HER SIGNIFICANT CON HAD SEFE AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 1 / | CONTRIBUTING | 1790 | 134/122/ | ARTE | Misse | 18205 | 15 | N IN PAR | T 1(a) 1 | PERFO | AUTOPSY RMED? NO |
| MEDICAL | 20c. TIME OF INJUR Haur o. m. p. m. | | or 20d. I While at war | NJURY OCCURR Not while at work | £. | LACE OF INJUR | Y (Home, for ffice bldg., et | m, 20f. (Cit | ty or town) | | (| County) | | (State |
| | 21. I certify the olive on A ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | ot I attended the | decease , 19 (| 4 10 | FC, 13 I that death | , 19.0 h occurred _M.D/a | | | | es ond | on the | | stoted | eceosed l obove E SIGNED |
| | G. BURIAL, CREMATIO REMOVAL (Specify) DUTIAL | 1-17-6 | | Pleas | | or CREMATOR | Cemet | ery | Smi | ths | ourg | , M | (Stot | e) |
| 23 | Scott F | s signature Minnich | & 5 | ADDRESS Son, So | ni th sb | urg, N | 24a. REC | JAN 1 | STRAR 24 | . REGIST | RAR'S SI | GNATU | RE | |

Fig. 1. In third this control of the death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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THE TRANSPORT AND DEPTH AND THE ADMINISTRATION OF THE ADMINISTRATI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| | | -A. No. 7 | TO CI | KIIFIC | AIE O | F DEAT | П | | Reg. Dist. | Na. | |
|---|---|---------------|---------------|----------------|--------------------|------------------|------------------------|---------------------------------|---------------|------------|----------------------|
| 1. PLACE OF DEATH G. COUNTY | shington | | | MARYLAND | 2. USUAL o. STA | RESIDENCE (V | Where deceased | lived. If institution b. COUNTY | Wash | | - |
| b. CITY OR TOWN RURAL ond give r Hagers | | its, write | Life | F STAY IN 16 | | OR TOWN (I | | ote limits, write Ri | URAL ond give | nearest to | wn) |
| OR INSTITUTION | Hamilton | | | | d STR | 834 | Hamilt | on Bl v d | | ON | RESIDENCE A FARM? |
| 3. NAME OF DECEASED (Type or print) | Amos | Raj | 7] | Middle Ruth | Jr. | Last | 4. DATE OF DEATH | Januar | | Doy | 19 60 |
| S. SEX | 6. COLOR OR RACE | | | MARRIED _ | 8. DATE OF | | | AGE (In years last birthdoy) | Months Do | | 1 |
| Male | White ON (Give kind of work | WIDOWED | | IVORCED _ | 0.000 | | 913 | 40 yrs. | 12 CITIZES | NOE WHA | T COUNTRY? |
| during most of wo | rking life, even if retired |) | etail | ME22 OK INDE | | agers. | | Ma. | | S. | |
| 13. FATHER'S NAME | mos R. Ru | ith S | Sr. | | 14. MOT | HER'S MAIDEN | A. Ba | ilev | | | |
| IS. WAS DECEASED EV | ER IN U. S. ARMED FOR | RCES? 16. SC | | ITY NO. | INFORMANT | 2000 2 3 | 366 350 | Addr | ess | | |
| (Yes, no, or unknown) | (If yes, give war or dates of t | 214 | -09-8 | 384 Mr | s. El | eanor | Ruth | Hager | stown | Md | |
| 18. CAUSE OF DE | ATH [Enter only one co | ouse per line | for (a), (b), | ond (c).] | | 110 | 1 | | | INTERVAL | BETWEEN |
| PART I. DE. | ATH WAS CAUSED BY: | 1 | MA | war | ma- | list | 11 | full | as a | ONSET AN | 10 DEATH |
| 420.0 | DUE TO | • | | 1: | | | 1 1 | 2 | 0 | | |
| Conditions, if | ony, which) | . / | 31th | 1 in | loset | SI | lee of | des | Kull - | - 1. | 141. 7 |
| gove rise to | immediate (| | | | | | | | | | 711 |
| lying couse lost. | The under- | | | | | | | | | | |
| PART II. OT | THER SIGNIFICANT CON | | NTRIBUTING | TO DEATH BU | T NOT RELAT | ED TO THE TER | MINAL DISEASE | CONDITION GIV | EN IN PART 1 | PER | S AUTOPSY FORMED? |
| □ OR CONTRIBUTING | AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESCR | RIBE HOW IN | JURY OCCURR | ED. (Enter no | ture of injury i | n Port 1 or Port | Il of item 18.) | | | |
| | | ar 20d. INJ | URY OCCUR | | | URY (Home, fo | | or town) | (Cou | inty) | (Stote) |
| 20c. TIME OF INJU Hour o. m. | 10 | While of work | Not while | · | octory, street, | office bldg., e | etc.) | | | | |
| | hat I attended the | | | 2500 | LMQ.19 | 28, ta_ | Jan | 1960 | that I last | saw the | deceased |
| alive an | Sent | 19 5 | $9_{}$, and | that deat | h occurre | d at 71 | _M, fram t | he causes an | | | |
| - / | 16/1 | 10 | -1 | 1 | 1 | , , | ADDRESS (Str | eet, city or town, | stote) | D | ATE SIGNED |
| SIGNATURE | Cellan | 1 | · Or | ngerd | M.D | 135 Po | TOMAC A | VENUE | | _2 J | AN-196 |
| PHYSICIAN'S NAME (Type) | RICHARD T. | BINFO | RD, M. | p. | | HAGER | STOWN, | MARYLAND | | | |
| 220. BURIAL, CREMATIO | ON, 226. DATE THERE | OF | 22c. NAME C | OF CEMETERY (| OR CREMATO | RY | 22d. LOCATI | ON (City, town, o | or county) | (S | tote) |
| Burial | 1-4-60 | 1-11 | Rest | Haven | Ceme | tery | Hag | erstown | Md. | | To K |
| 23. FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | | | 24a. RE | C'D 8Y REGISTE | | STRAR'S SIGN | ATURE | |

Hagerstown

Md.

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Culling S. Kraug

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample and 2 should be filed with

the registrar priar to burial, cremation, ar removal, ond in any event within 72 hours aft<u>er d</u>eath.

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

TO HOSPITAL VS A1S (4) 15M 9/S8

Scott F. Minnich & Son

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HEALTH DEPT.

d for your files. Board of Health, director.

may be retained with the State B Stote death. oug 3. Page 5 res 1 and 7 50 0 Give Poges 1 h form PM3. poges in flem 18. long ped s Office al buriol-transit g the word "pending" in part Chief Medical Examiner's 3 should be used as a buring to barial, cremation, or reserved. 3 be forwarded to designated

4 should D FUNERA 0 **VS. A15ME** 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND Maryland W shington b. CITY OR IOWN III outside corporate limits, write PURAL c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Williamsport Rfd #2 weeks Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE ON A FARM Washington County Hospital Williamsport YES NOF NAME OF 4. DATE Month Year DECEASED ROBERT ALLEN SCOTT (Type or print) DEATH 60 January 19 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TH 9. AGE (In years 8. DATE OF BIRTH FUNDER TYPAR IF UNDER 24 HRS. White January Hours Male WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction USA Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Genevieve Jesson Lee Scott Robert 15. WAS DECEASED EYER IN.U. 3 16. SOCIAL SECURITY NO. 17. INFORMANT Robert Lee Scott Williamsport, Md RFD#2 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM KALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO A 20b. DESCRIBE HOW INJURY OCCURRED (Enler noture of injury in Part I or Port II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, foctory, street, offige bldg, etc.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (Cily or town (Stote) (County) Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry [and in my Accident Suicide Mamicide Mundetermined manner opinion death resulted from: Natural causes . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial (Specily) Greenlawn Cemetery Williamsport 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cultury S. Thous Williamsport, Md. DATE JAN 2 7 '60

CONTRACT ... 1 . The supplied the state of the Live System of the community in

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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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|---------------|--|--|-------------------|--|--------------------|----------------------------|-----------------------------|------------------------|------------------------------------|--------------------|----------|-----------|---------------------|
| 1. | o. COUNTY WASI | HINGTON | 12 | -MAR) | | o. STATE | ENCE (Whe | ere deceased | l lived. If instituti b. COUNTY | on: Residen | | | sion) |
| | b. CITY OR TOWN (I RURAL and give no HAGERS TOWN | | ts, write | c. LENGTH OF STAY | IN 1b | | OWN (IF OU | | rate limits, write R | URAL and | give nec | arest fow | n) |
| | d. NAME OF HOSPIT | AL (If not in hospital, g | give street | HOURS address) | | d. STREET A | | LL I | 36/1 | | | ON A | SIDENCE A FARM? |
| 3. | NAME OF DECEASED (Type or print) | Fir CHARLES | rst | Middle LEE S | SHAFER | Lasi | | 4. DATE OF DEATH | Mor | ith | Do | у | Year 19 60 |
| S. | SEX MALE | 6. COLOR OR RACE WHITE | | RIED NEVER MARRI | ED K | DATE OF BIRTH | | | 9. AGE (In years last birthday) | IF UNDER Months | | | ER 24 HRS |
| 104 | . USUAL OCCUPATION | 1 | WIDOW dane 10b | KIND OF BUSINESS C | | Y 11. BIRTHPL | I954 ACE (State of | | 5 yrs. | | IZEN OI | | COUNTRY |
| | FATHER'S NAME | | | | | 14. MOTHER'S | | | 121-25 | | | | 125 |
| 15. | | SHAFER R IN U. S. ARMED FOR (If yes, give war or dales of s | | . SOCIAL SECURITY NO | | HONEY DRMANT RT L. S | BLEE | | Add VSVILLE.N | | | | |
| NO | Canditions, if a gave rise to i cause (a), stating lying cause last. PART II. OTH | the <u>under-</u> |) | CONTRIBUTING TO DE | | | THE TERMIN | NAL DISEASI | E CONDITION GIV | /EN IN PAR | T 1(a) 1 | 9. WAS | AUTOPSY |
| CERTIFICATION | | | | T DISEASE SCRIBE HOW INJURY C | | (Enter noture of | f injury in P | art I ar Part | II of item 1B.) | | | | ORMED? |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Day, Ye | While | INJURY OCCURRED Not while ork at work | 20e. PLAC facto | E OF INJURY (I | Hame, farm, bldg., etc.) | 20f. (City | ar tawn) | (1 | County) | | (State |
| | saw the decea | - |) atten | ded the deceased | | Many activities | 665 | M, from | the causes ar | | | | (we) las d abave |
| | 220. SIGNATURE | fluer | has | 2 | М. | - | DIR | ECTOR L | STAFF PHYS. | | | 27 | 2b. DATE SIGNE |
| | 22c. PHYSICIAN'S NAME (Type) | DR.P.F. | | | | GRE | | STLE | | | | | |
| 23 | a. BURIAL, CREMATIC REMOVAL (Specify) | $\frac{236}{2/I/60}$ |)F | ROSE HI | | TETERY | 14 | | TION (City, town, GERSTOWN | | | (Sto | te) |
| | FRED W. KR | | BERST | ADDRESS TOWN .MD. | | | 250. REC'D | BY REGIST | RAR 256. REG. | STRAR'S SI | ENATU. | RE | |

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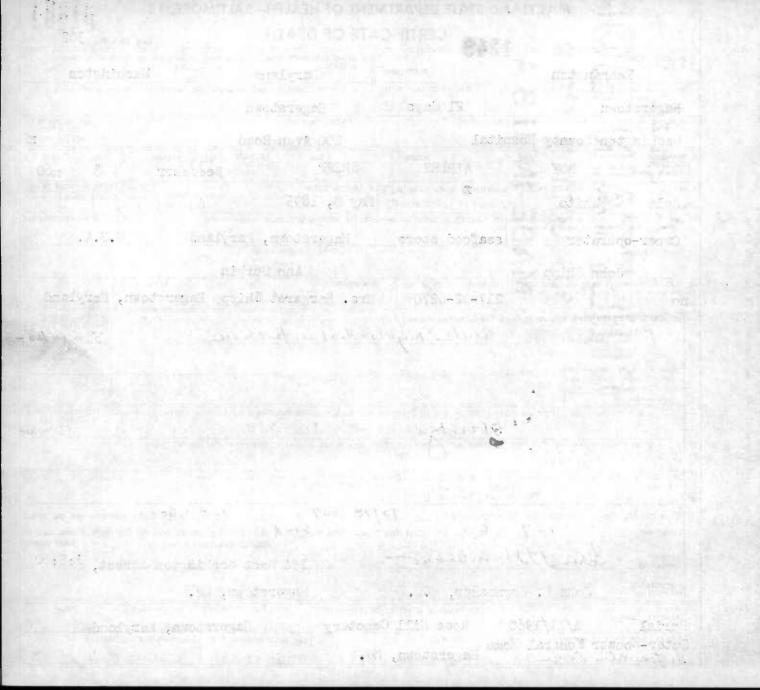
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

arthur S. Krans

DATE IAN 1 2 '60

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Washington Washington Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 21 days Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hospital 200 Avon Road YES NO K NAME OF Middle 4. DATE JanuarMonth Yeor ROY ALBERT 1000 (Type ar print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last_birthday) Months Days May 8, 1895 Male White DIVORCED | WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. seafood store Hagerstown, Maryland Owner-operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shipp Ann Durbin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Hagerstown, Maryland 217-32-6270 Mrs. Margaret Shipp no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: autz my ourdial in faction IMMEDIATE CAUSE (o) wereks DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Mesi 1 YES NO D 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Doy, Year (County) (Stote) factory, street, office bldg., etc.) MEDI Hour a.m. Not while at work at work 1-8, 1960 that I last saw the deceased 21. I certify that I attended the deceased fram. 19 60, and that death accurred at 610 A.M., from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 154 West Washington Street. SIGNATURE PHYSICIAN'S John H. Hornbaker, M.D. NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rose Hill Cemetery 1960 Burial Hagerstown, Matyland **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Franklin Pereze Hagerstown, Md.



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01263

| 4 | 050 | CERTIFICATE | OF DEATH |
|---|-----|-------------|----------|
| 7 | 250 | CERTIFICATE | OI DEATH |

| 125! | | | Reg. Dis | t. No. |
|--|-----------------------------------|--|--|--|
| 1. PLACE OF DEATH COUNTY Washington | MARYLAND | 2. USUAL RESIDENCE (Where dece | ased lived. If institution: Residence b. COUNTY Was | hington |
| b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) HOGGRYSTOWN | Bury, | c. CITY OR TOWN (If outside co | rporote limits, write RURAL and g | ive nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION Washing to n. Co | | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) William Glber | † Middle Sho | DEMOKET OF DEA | IANITARY 25 | 3, ⁰ 1960 Year |
| | | B. DATE OF BIRTH | last birthday) Months | 1 YEAR IF UNDER 24 HR Doys Hours Min. |
| 00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State or foreig | | ZEN OF WHAT COUNT |
| John Shoemak | و٦ | 14. MOTHER'S MAIDEN NAME Hannah ST | arliper | |
| 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) 219- | | nformant Settrude Mo | Address Shoemo | ker |
| 18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: WIRA WIRA DUE TO Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost. (c) | or (o), (b), and (c).] AL PNEUMOI | NIA | | INTERVAL BETWEEN ONSET ADARES |
| PART II. OTHER SIGNIFICANT CONDITIONS CONT HYPERTENSIVE ARTERIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) | OSCLEROTIC | | E | 1 (o) 19. WAS AUTOPS PERFORMED? YES NO |
| | Not while fac | ACE OF INJURY (Home, form, totory, street, office bldg., etc.) | City or town) (C | County) (Sto |
| 21. I certify that I attended the deceased for alive on JANUARY 28, 19 60 ACTUAL SIGNATURE Color PHYSICIAN'S ARCHIE ROBERT COH | and that death | accurred at 9.20 MM. ADDRESS M.D. CLEAR SPRING, MA | ram the causes and an this (Street, city or town, state) | |
| 20. BURIAL, CREMATION, REMOVAL (Specify) 1/31/60 226 | | idge cemetery | CATION (City, town, or county) WashingTon | (Stote) |
| Kathleen M. Grove | Hancoc | K Md DATEB 2 . 16 | | |

| | | | | No. 16 | | EVA. | |
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TO HOSPITAL

VS A1S (4) 1SM 9/S8

CERTIFICATE OF DEATH

| | | 12 | S.1 | IIICAI | LOID | | | | | Reg. Dis | st. No. | 302 | |
|--|------------------------------------|--------------|---------------------------|-------------|------------------|------------|---------------------|----------------|----------------------|---------------|-----------|-----------|-----------------------|
| 1. PLACE OF DEATH o. COUNTY | neton | | MAR | YLAND 2 | o. STATE | Marv] | | | institutio COUNTY | Wash | | | sion) |
| b. CITY OR TOWN (If a | | ts, write | c. LENGTH OF STAY | IN 1b | c. CITY OR T | U | | prote limits | . write RI | | - | | n) |
| RURAL and give near | rest town) | | | | | - | _ | | , | o to te one g | ,,,, | | , |
| d. NAME OF HOSPITAL OR INSTITUTION | (If not in hospital, g | ive street | day oddress) | | d. STREET A | | lagers | LOWII | | | 1 | e. IS RES | FARM? |
| Washington | County Ho | spit | al | | R.F. | D. # | 1 | | | | | | NO 🔯 |
| 3. NAME OF DECEASED | Firs | st | Middle | | Last | | 4. DATE | | Mont | th | Day | , | Year |
| (Type or print) | PEART. | | DEHAVEN | SHR | DER | | DEATH | | Ja | nuary | 8 | | 19 60 |
| 5. SEX | S. COLOR OR RACE | 7. MAR | RIED NEVER MARRI | FD 8. [| DATE OF BIRTH | | - 00- | 9. AGE (| n years | IF UNDER | 1 YEAR | IF UND | ER 24 HRS. |
| Female | White | WIDOW | DIVORCE | Fe Fe | ebruary | 12, | 1887 | 72 | rthdoy) yrs. | Months | Doys | Hours | Min. |
| 10a. USUAL OCCUPATION during most of warking | (Give kind of work of | lone 10b. | KIND OF BUSINESS C | OR INDUSTRY | 11. SIRTHPL | ACE (Stote | or foreign o | country) | | 12. CITI | ZEN OF | WHAT | OUNTRY? |
| Housekeene | , | | | | Winch | ester | r, Vir | ginia | l. | 1 | J.S. | Α. | |
| 13. FATHER'S NAME | | | | 1 | 4. MOTHER'S | MAIDEN I | NAME | | | | | | |
| Th | eodore De | Have | n | | | Emi | ily E | ailej | r | | | | |
| 15. WAS DECEASED EVER | | | SOCIAL SECURITY NO | . INFC | RMANT | -11 | | | Addr | ess | | | |
| no | yes, give wor or dates of se | | 19-36-4042 | A Jac | ck L. S | hrade | er | Haget | stow | m, Ma | ryl | and | |
| 18. CAUSE OF DEATH | [Enter only one co | use per li | ne for (o), (b), and (c). | 1 | | | | | | | INTE | RVAL 8 | ETWEEN |
| PART I. DEATH | WAS CAUSED BY: | 1 | nesente | | He and | . 0. | la. | | | | ONS | ET AND | DEATH |
| 450.0 | MMEDIATE CAUSE (a) DUE TO | | I CELLINISE | 116 | ruccu | · xin | 00 | | | | 1 | -71 | ruga |
| Conditions, if ony | | 63 | 0: | 0 0 | stere | · | 00 00 | | | | 10 | | |
| gove rise to imm | nediote (D) | 3 | mod jos | | niew | 000 | KELOS | <u> </u> | | | - | | |
| lying couse last. | under- DUE TO | | | | | | | | | | | | |
| |) (c) | DITIONS (| CONTRIBUTING TO DE | ATH BUT NO | T PELATED TO | THETEDAL | INIAI DISEAS | E CONDIT | ION GIV | ENI INI DAD | T 1/a) 19 | WAS | ALITOPSY |
| Z, | | | belommal | | 1 fa | THETEKM | INAL DISEA: | SE CONDIT | IOI4 GIA | EN IN PAK | 1 1(0) 11 | PERFC | PRMED? |
| TO ACCIDENT WAS | eury un | | | | | | Part Law Pa | at 11 of Store | . 10 \ | | | YES [| NO 🗆 |
| PART II. OTHER | CAUSE OF DEATH EDICAL EXAMINER) | 200. DES | CRIBE HOW INJURY O | CCURRED. (| enter noture of | injury in | ron i or ro | rt II or iten | 1 10.) | | | | |
| 20c. TIME OF INJURY Hour o. m. | Month, Doy, Yea | | NJURY OCCURRED | 20e. PLACE | OF INJURY (F | lome, farm | n, 20f. (Cit | y or town) | , T | (0 | County) | | (Stote) |
| Hour o.m. | 19 | While of wor | Nat while | roctory | , street, office | blag., etc | -/ | | | | | | |
| The second second | l attanded the | 4 | -d 6 D & | 0 78 | 1959 | 4 | me | C | 1060 | 4 . 1 ! | | 41 | |
| 21. I certify that | 1 dilended the | ueceas | 1. | | | . / . | 0 | | | that I la | | | |
| alive an | u | , 19 | and that | death a | ccurred at_ | 1-17 | _M, fram ADDRESS (S | the cau | ses an | d an the | date | stated | d above. TE SIGNED |
| ACTUAL S | 2 0 | 1 . | 6/0H. | | 0.0 | 2/ | ADDRESS (: | street, city | or town, | stote) | _ | 1/0 | I SIGNED |
| SIGNATURE CU | ward | W. | WILVOS | M.D | -d-1 | 100. | wa | sulu | 1 40 | ndl | | 1/8/ | 760 |
| PHYSICIAN'S NAME (Type) | dward W. | Dit | tto 111, | M. D. | Hag | erst | own, | Mar | ylar | nd | | | |
| 220. BURIAL, CREMATION, | 22b. DATE THEREO | F | 22c. NAME OF CEM | ETERY OR C | REMATORY | | 22d. LOCA | TION (City | , town, c | r county) | - | (Sto | te) |
| REMOVAL (Specify) Burial | 1/10/196 | 0 | Rest Have | | | | 77. | gerst | | | cyla | | |
| 23. FUNERAL DIRECTOR'S | 1 -1 -1 - 1 - 1 | | ADDRESS | J GAIL | 7001 | 24a. REC' | D 8Y REGIS | | | TRAR'S SIC | | | |
| R. Leanbler | | nome | Hagerstov | m, Md. | • | | AN 1 2' | | 0 | 71 . 0 | 4 | | |
| 11 year con a lond | 1000 | | | | | 21110 00 | 212 2 ga | - | 100 | Ihun & | Tisar | | |

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|---|--|--|---|-------------------------------|--------------------------------------|---|
| PLACE OF DEATH O. COUNTY | Washington' | 253 MARYLAND | | E (Where deceased live ryland | | ence before odmission) Shington |
| b. CITY OR TOWN RURAL ond giv Hager | N (If outside corporate limits, we nearest town) | c. LENGTH OF STAY IN 18 | Brownsv. | (If outside corporate | limits, write RURAL onc | d give nearest town) |
| | SPITAL (If not in hospital, give : | on Co. Hospital | d. STREET ADDRE | | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | Edward | Howard | Smith | 4. DATE OF DEATH | Month | 30 Yegr |
| 5. SEX Male | White | MARRIED NEVER MARRIED DOWED DIVORCED | 8-28-187 | 9 1878 8 | GE (In years birthday) Months | ER TYEAR IF UNDER 24 HRS. |
| during most of v | working life, even it refired) | 106. KIND OF BUSINESS OR INI | DUSTRY 11. BIRTHPLACE (| | | J.S.A. |
| 3. FATHER'S NAME | | | 14. MOTHER'S MAIL | DEN NAME | | |
| | John W. | Smith | | Etta | Gaylor | |
| 15. WAS DECEASED (Yes, no. or unknown) | EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service | | INFORMANT | .Tritipoe | Address Browns | ville, Md. |
| | DEATH [Enter only one cause DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | per line for (a), (b), and (c).] | elevetie | Hea | it | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, i gove rise to couse (o), stoti lying couse lo | immediate DUE TO | Coronery | Thron | rolesi | 1 | 24 hrs |
| 2 | OTHER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE | TERMINAL DISEASE CO | NDITION GIVEN IN PA | RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO |
| 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT | WAS UNDERLYING [] 20b NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCCUR | RED. (Enter nature of injur | ry in Port I or Port II of | Fitem 1B.) | |
| 20c. TIME OF IN. | n. 10 | NOd. INJURY OCCURRED 20e. While Not while t work of work | PLACE OF INJURY (Home, foctory, street, office bldg | farm, 20f. (City or to | own) | (County) (State) |
| 21. I certify alive on | that I attended the de | 1-1-11 | 7, 19 <u>60</u> , to the occurred at 345 | M, from the | e causes and on city or town, stote) | last saw the decease the date stated above PATE SIGNE |
| PHYSICIAN'S NAME (Type) | G WIL | evan | | | ma | / |
| 270. BURIAL, CREMA REMOYAL (Spec BURIAL | | 22c. NAME OF CEMETERY | OR CREMATORY | | (City, town, or county) | (Stote) |
| 23. FUNERAL DIRECT | OR'S SIGNATURE | ADDRESS | 24a. | REC'D BY REGISTRAR | 24b. REGISTRAR'S S | Maryland |
| 12. Ker 7 | este Brun | swick, Marylar | DAT | EB 3 '60 | 0.71 . 0 | L |

TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remover after death.

Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 fours after death.

VS A15 (4) 15M 9/55

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

PLACE OF DEATH

completely filled in by the funeral director, papers. Pages 1 and 2 shauld be filed with papers. attending physician and n please remave carbon may be retained the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detoched for use os the burial-transit permit.

VS A15 (4) 15M 9/5B

| a. COUNTY | MARYLAND | a. STATE | b. COUN | |
|---|--------------------------------|---|-------------------------------|------------------------------------|
| b, CITY OR TOWN (If autside carporate limits, write | e c. LENGTH OF STAY IN 16 | VIARVLA | NO V | RURAL and give nearest town) |
| RURAL and give nearest tawn) | | | 0 | |
| LOCUST GROVE- KURA | | LOCUST G | ROVE - KI | IRAL |
| NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION | eet address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| COHRERSVILLE | MD. RIII | KOHRIERSVI | LLE MB. 13 | YES NO D |
| B. NAME OF First DECEASED | Middle | Last | 4. DATE M | ianth Day Year |
| (Type or print) NAARTIN | 1 | MITH. | DEATH AINUA | RV- 27- 19 60 |
| S. SEX 6. COLOR OR RACE 7. M. | ARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In year | IF UNDER 1 YEAR IF UNDER 24 HRS. |
| MALE WHITE WIDO | WED TO DIVORCED | NNEMBER-10-1 | 875 last birthday | |
| a. USUAL OCCUPATION (Give kind of work done 1) | 7 | | 019 | 12. CITIZEN OF WHAT COUNTRY? |
| during mast af warking life, even if retired) | 79 1 4 1 2 5 mm | 100.07 6 0 | Non Manage 6 | 11/15 161 |
| FATHER'S NAME | OWN TAKNI | 14. MOTHER'S MAIDEN N | | o. IVID. 4 S.A |
| 3. Intlier 3 transc | | - MOTHER S MAIDER 14 | A - | |
| | TH | SARAH | + G-RIMIN | |
| 5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war ar dates of service) | 16. SOCIAL SECURITY NO. | INFORMANT | A A | ddress |
| No | NONE D | ALBERT SN | HTH KOHB | ERSVILLE MD. R.I |
| 18. CAUSE OF DEATH [Enter anly one cause per | r line far (a), (b), and (c).] | 1- | 1 - | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | encelled | adlerind | proces | 29 |
| 450.0 DUE TO | a porter | | | |
| Canditians, if any, which) | | | | 2 2 3 3 3 3 |
| gave rise to immediate | | | | |
| lying cause last. | | | | |
| | IS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAI DISEASE CONDITION (| SIVEN IN PART 1(a) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITION | | | | PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING 20b. D | DESCRIBE HOW INJURY OCCURRE | D (Feter enture of injury in 6 | Part Las Part II of item 19.1 | 15 10 |
| OR CONTRIBUTING CAUSE OF DEATH | ESCRIBE HOW INJURY OCCURRE | D. (Enter nature at injury in r | dir ai ran n ai nem 16., | |
| | | | T | The second second |
| 20c. TIME OF INJURY Manth, Day, Year 20d Haur a.m. 19 at v | t_ | ACE OF INJURY (Hame, farm letary, street, affice bldg., etc. | , 20f. (City or tawn) | (Caunty) (State) |
| p. m. 19 at v | wark at wark | | | |
| 21. I certify that I attended the dece | eased fram Jen 2 | , 1960 , to to | n. 27 196 | Athat I last saw the deceased |
| alive an 20 15 | 10 11 | accurred at 2 P | | and an the date stated above |
| | ill. | | ADDRESS (Street, city ar taw | |
| ACTUAL | 1/an | 1311 | merelen | 1/27/60 |
| SIGNATURE | | M.D. | 0 | |
| PHYSICIAN'S | 1h | | 1 | 2. |
| NAME (Type) | MM | | / | No. |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY C | | 22d. LOCATION (City, town | |
| BURIAL CANUARY 30.19 | | METERY | LOCUST L-RUYIE | WASH. Co. MID. |
| 3. FUNERAL DIRECTOR'S SIGNATURE | OONSBOKO NI | ^ | | GISTRAR'S SIGNATURE |
| Jam O. Asast. | OONSBORD MI | DATEEB | 7 '60 | -1 - 9 4 |

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er death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

may be retain.
TO FUNERAL DIRE TO HOSPITAL

VS A15 (4) 15M 10/57

| Milano | 289 | CERTIFICATE | OF | DEAT |
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Reg. Dist. No.

| 1. PLACE OF DEA | TH | | | 2 Hellal | DESIDENCE //A | there deceased | lived. If institution | n. Paridane | a bafasa ad | -Testa-A |
|---|--|-----------|------------------------------|---------------------------------|------------------------------------|-----------------|---------------------------|-------------------|-------------|------------------------|
| o. COUNTY | ashington | | MARYLAND | o. STAT | | | b. COUNTY | More | | mission |
| b. CITY OR TO | WN (If outside corporate limit | ts, write | c. LENGTH OF STAY IN 16 | c. CITY | | | ote limits, write R | | | lown) |
| I | Hancock | | 9 months | | | Short Piletting | prings | 85 | - X - | 3 |
| OR INSTITUT | IOSPITAL (If not in hospital, g TION COCK Rest I | | oddress) | d. STRE | ET ADDRESS | | | | 0 | RESIDENCE N A FARM? |
| 3. NAME OF | Fire | | Middle | 11 | Lost | 4. DATE | | ı. | - | V |
| (Type or print) | | isv | C. | Son | ners | OF DEATH | Mon Jar | | Day | Yeor 1960 |
| S. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | 8. DATE OF | BIRTH | | 9. AGE (In years | | YEAR IF U | NDER 24 HRS. |
| Female | | WIDOWE | | Dec. | 28 1 | 876 | lost birthday) 83 yrs. | Months [| Days Ho | urs Min. |
| IOa. USUAL OCCU | JPATION (Give kind of work of | done 10b. | KIND OF BUSINESS OR INDI | | | | | 12. CITIZ | ZEN OF WI | HAT COUNTR |
| | of working life, even if retired) |) | | Da | wled los | - Card | naa W | 77- | US | 7.5 |
| 3. FATHER'S NAM | sewife | | | | IKELE Y | Spri | ngs, w. | Va. | - UL | DA |
| | | | | | | | | | | |
| | orge W. Cros | | | | mily H | unter | | | | |
| WAS DECEASE (Yes, no, or unknown) | DEVER IN U. S. ARMED FOR | | | INFORMANT | | | Add | | | |
| No | | | None D | onald | Somer | s B | erkeley | Spr: | ings | . W. V |
| gave rise couse (o), sto lying couse | to immediate oling the under: OTHER SIGNIFICANT CONI | | De CONSTRIBUTING TO DEATH BU | NOT RELATE | D TO THE TERM | AINAL DISEASE | CONDITION GIV | LOU EN IN PART | 1(0) 19:49 | AS AUTOPSY REORMED? |
| 8 | | | | V | | | | | | □ NO E |
| | NT WAS UNDERLYING [] UTING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER) | 20b. DESC | RIBE HOW INJURY OCCURRI | ED. (Enter nati | ure of injury in | Port I or Part | Il of item 1B.) | | | |
| Hour o | INJURY Month, Doy, Yea a.m. p. m. 19 | While | Not while of work | LACE OF INJU octory, street, | IRY (Home, for office bldg., et | m, 20f. (City | or town) | (Co | ounty) | (State) |
| 21. I certif | hat I attended the | decease | ed from hely | , 19_ | 5810 | Jan : | 29, 1960 | that I lo | ast saw t | he decease |
| alive on | Jan 29 | , 12 | O p and that death | occurred | ot 4 | M, fram | the causes a | nd an the | | |
| ACTUAL SIGNATURE_ | Dans | 4 | NICON | M.D | K | | (bus) | DAN | J. | 2/11 |
| PHYSICIAN'S NAME (Type) | San | 1 | Vichol | S | 1 se | W. | to! | | | -/// |
| 220. BURIAL, CREM | | F | 22c. NAME OF CEMETERY C | OR CREMATOR | RY | 22d. LOCATI | ON (City, town, | county) | 4 (| Slote) |
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| Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation, | warded to he chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, generation. | | | K | |
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| vs. | | 15 | ME(55 | 5} | |

| | 254 | | JULKIIIIOA | | | Reg. D | ist. No | | |
|--|--|-------------------------------|---|--------------------|---------------------------------|-----------|----------|------------------------|---------------------------|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (V | | | | | | |
| o. COUNTY Washi | ngton | MARYLAND | o. STATE Mary | land | b. COUNT | Wa | shi | ngt | on |
| b. CITY OR TOWN (It outs and give neorest town) | side corporate limits, write RURAL | c. LENGTH OF STAY IN 15 | c. CITY OR TOWN (II | f outside corpor | ate limits, write | RURAL on | d give n | earest to | wn) |
| Hage | rstwon | 30 years | 03 Hage | erstow | n | 1507 | | | |
| d. NAME OF HOSPITAL Washingto | or institution (if not in his | ospital, give street address) | 926 Sa | lem Av | e. | | | ON | A FARM? |
| 3. NAME OF DECEASED | First | Middle | Lost | 4. DATE | Month | | Day | γ | fear |
| | sie J | ane Spic | ile | OF DEATH | Januar | У | 23 | 1 | 960 |
| 5. SEX 6 | COLOR OR RACE 7. MARI | RIED NEVER MARRIED 8 | . DATE OF BIRTH | | AGE (In years last birthday) | IF UNDER | | | ER 24 HRS |
| Female | White widow | DIVORCED | Dec. 2. 18 | 892 | 67 yrs. | Months | Days | Hours | Min. |
| during most of working li House | ife, even if retired) | NIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Stole Big Pool | | | 12. CIT | IZEN O | F WHAT | COUNTRY |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | | | | | | |
| | art | | Saral | h Hin | es | K 51 | | | |
| 15. WAS DECEASED EVER I | IN U. S. ARMED FORCES? 16 yes, give wor or dates of service) | S. SOCIAL SECURITY NO. 17. II | VFORMANT | n | Address | | | | |
| | | Mr | s. Eva M. | Rowe ! | Hagers | town | M | d. | |
| | [Enter only one cause per line | e for (a), (b), and (c).] | | - | | - | INTE | T AND DE | EEN ATH |
| PART I. DEATH V | WAS CAUSED 8Y: MEDIATE CAUSE (o) | | | | | | | | |
| 1491 X | DUE TO | -D 1 | 1 | | | | - | 1 | |
| Canditians, if any, | | Bronchy. | Freumo | nia | | | 1-5 | day | - |
| gave rise to Immediate (a), stating the und | | # + | | 1 | - /1 | | | 5- | 1 |
| cause last. | (c) | Tuchur | Temus | lugs | 16/ | | 1/ | 50 | cay, |
| PART II. OTHER 200. EXTERNAL CAUSE PRIMARY Or CONTR CAUSE OF DEATH. | SIGNIFICANT CONDITIONS C | CONTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERM | IINAL DISEASE C | ONDITION GIV | EN IN PAI | | 9. WAS PERFO YES | AUTOPSY PANED? NO 2 |
| 20g. EXTERNAL CAUSE PRIMARY or CONTR | WAS 18UTING 120b. DESCRI | BE HOW INJURY OCCURRED. IE | ter nature of injury in Par | rt I or Part II af | item 1B.) | | | | |
| | | tell who | le gres | my | | | | | -8 |
| 20c. TIME OF INJURY Haur | 4 4 110 | ile Not white facto | CE OF INJURY Home, farm ary, street, affice bldg., etc | n, 20f. (City or | town) | (Co | unty) | | (State) |
| | 1-10 1860 of w | vark al work | Hame " | Hos | urhan | We | sh- | 1 | ny |
| | | remains described abo | | y . Insp | pection 2. | ' Inqui | ry 🔲 | , and | find the |
| death resulted fro | om: Natural causes | Accident , Sui | cide 🔲, Homicide | e [], Und | etermined c | ause [|]. | | |
| ACTUAL SIGNATURE | 1 2011 | 2.00 | M.D. CHIEF MEDICAL EX | XAMINER [| | | 11 | DATE S | SIGNED |
| SIGNATURE | 1.20-0 | | _M.D. ASSISTANT MEDIC | | | 1 | 10 | / | |
| EXAMINER'S NAME (Type) | REWA | 7,770% | DEPUTY MEDICAL | EXAMINER DE | | /- | 2,6 | 60 | |
| 220. BURIAL, CREMATION, REMOVAL (Specify) | 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR | | | N (City, town, | | / | (Stat | 0) |
| Buriat | 1-26-60 | St. Pauls C | | | Clear | | | Md | |
| 23. FUNERAL DIRECTOR'S S | | n Unanatows | | BANNEGISTRA | 24b. REGIS | Irthur | | | |
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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01270 Reg. Dist. No.

| | a. COUNTY | ington | | MARYL | AND | 2. USUAL RES | | | washin | ITY . | dence be | fore adm | ission) |
|-----|---|--|----------------|-----------------------------|---------|-------------------------------------|-------------|----------------|---------------------------------|-------------|-----------------|--------------------------|---------------------|
| | b. CITY OR TOWN | If autside corporate limits, write | RURAL | c. LENGTH OF STAY IN | 1 1b | | | | porate limits, wri | | nd give n | earest to | wn) |
| | end give nearest to | | | D.O.A. | | X Ha | gers | town | WAY /2 | | | | |
| 100 | | THAL OR INSTITUTION (| If not in hosp | pital, give street address) | | d. STREET A | DDRESS | 600 | George | Stree | t | e. IS R | ESIDENCE A FARM? |
| 1 | Washin | ton Count | y Hos | spital | | Spyte/ | MAX / | SPRN/ | | | | | NO |
| | 3. NAME OF -DECEASED | Fin | af | Middle | | Last | | 4. DATE | Moi | | Day | | eor . |
| | (Type or print) | REUBEN | | ERNEST | 7-2-21 | RECHE | | DEATH | Janua | | | 3601 | |
| | 5. SEX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | 8. | DATE OF BIRTH | | | 9. AGE (In years lost birthday) | Manaha | R 1YEAR Days | IF UND Hours | ER 24 HRS. |
| | Male | White | WIDOWED | _ | - | Nov 2 | | 389 | 70 yrs | Months | Days | noun | min. |
| | 10a. USUAL OCCUPA during most of wor | TION (Give kind of work king life, even if retired) | done 10b. K | IND OF BUSINESS OR IN | IDUSTR | Y 11. BIRTHPL | ACE (State | or foreign | country) | 12. CI | | | COUNTRY? |
| | Farme: | r | İ | Retired | | Wills: | | | Co Md. | | L | ISA | |
| | 13. FATHER'S NAME | | | | | 14. MOTHER'S | 100 T | | | | | | |
| | | Sprecher | | | | | t er | ine a | Zimmern | nn | | | |
| | 15. WAS DECEASED | EVER IN U. S. ARMED FO 1 Iff yes, give wor or dates of | | SOCIAL SECURITY NO. | | FORMANT | | | Addre | | 977 | 11 | |
| | No | | | None | Par | al Spr | eche | r Ha | gerstow | n Ad | . R | 7 4 | |
| | | ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | 000 | for (o), (b), and (c).] | _ | B | road | ford | ing Roa | .d | INTEL | RVAL BETW ET AND DE | EEN ATH |
| | Conditions, If | and subtable | | Tracheri | / | with the | 7 | | | | + | × | |
| | gove rise to imm | rediate cause | 1 | 3 / / | 12 | | 11 | 4 | 7 | 9.5 | | | |
| | couse fast. | (c) | U | subsund o | Lo | ectors | 1 h | Th. | ujo | | | | |
| 3 | PART II. C | THER SIGNIFICANT CON | DITIONS CO | INTRIBUTING TO DEATH | BUT NO | OT RELATED TO | THE TERM | INAL DISEAS | SECONDITION G | IVEN IN PA | | 9. WAS PERFO YES T | AUTOPSY ORMED? |
| | PART II. CO | AUSE WAS 20 | b. DESCRIBE | HOW INJURY OCCURR | ED. (En | ter nature of in | jury in Par | t I or Port II | of item 18.) | , , | | | / |
| | | | W. Tu | de walk | ng o | serve | a Ki | my | struck | lay | 6 | whi | |
| | 20c. TIME OF INJ | | / . While | | toctor | E OF INJURY (I y, street, affice | bidg., elc. | 20f. (Cit | y or town) | . / ; | ounty) | 1 2 | (State) |
| | | that I took charge | | | - | | 7 | y V | nspection | | | , ond | find that |
| | deoth results | ed from Notural | causes [| , Accident . | Suici | ide 🔲, H | omicide | _ | ndetermined | | | | |
| | | 1. 5 | ,/ | n X | | div : | | | | | | | |
| | ACTUAL SIGNATURE | 1180 | 0 / | with f | - | M.D. CHIEF M | EDICAL E | CAMINER [| | 1 | / | DATES | SIGNED |
| 5 | EXAMINER'S | 7-01 | | 1 -1 | | ASSISTA | NT MEDIC | AL EXAMIN | ER 🗀 | 1/2 | 1// | -1 | |
| X. | NAME (Type) | LITTEU | 14 | 11/07 | 77 | DEPUTY | MEDICAL | EXAMINER | | | 16 | 0 | |
| | 22a. BURIAL, CREMAT REMOVAL (Speci | fy) / / |)F | 22c. NAME OF CEMPTER | | | | 22d. LOCA | TION (City, town | , or county | | (Stat | e) |
| | Burial | 1/33/60 | | | Ce | metery | | | learspi | | Was | n Co | idd |
| | 23. FUNERAL DIRECTO | | | ADDRESS | | 100 | | D BY REGIS | | SISTRAR'S S | | - | |
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r death. Page 4

e funeral director, TO HOSPITAL Leavined he hospital are attending physician.

TO FOUNTER LEAVING PHYSICIAN: The law requires that the death certificate be executed within 24 having a death. Paging the hospital are attending physician and completely filled in by the funeral direct page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S8

| | | 1950 | CERTIFIC | ATE OF DEATH | Н | | Reg. Dis | t. No. | |
|---------------|--|--|--------------------------------------|---|------------------------|---|------------------------------|---------------------|---------------------|
| 1. | PLACE OF DEATH o. COUNTY | SHINGTON | MARYLAND | 2. USUAL RESIDENCE (WILL OF STATE MARYI | | ed. If institution b. COUNTY | | e before odr | |
| | b. CITY OR TOWN (I | f outside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF CO.) | | limits, write RU | RAL and g | ive nearest to | own) |
| | d. NAME OF HOSPIT | AL (If not in hospital, give street IRVIN DRIVE | oddress) | d. STREET ADDRESS. | RVIN DR | IVE | e. IS RESID ON A F YES | | |
| 3. | NAME OF DECEASED (Type or print) | FREDERICK | ROSCO | STAHL | 4. DATE OF DEATH | JANU A | | Day 26 | Year 1960 |
| S. | FEMALE | 6. COLOR OR RACE 7. MARR WIDOWI | IED NEVER MARRIED DIVORCED DIVORCED | 8/14/1876 | | GE (In years ost birthdoy) O yrs. | | Days Hou | |
| | RETTRED | ON (Give kind of work done 10b. | KIND OF BUSINESS OR IND RAIL ROAD | USTRY 11. BIRTHPLACE (Stole MARYLA | | γ) | | J.S.A. | T COUNTRY? |
| 1/3 | DANIEL M | . STAHL | | 14. MOTHER'S MAIDEN I | | | | 1=041 | |
| 15 (Y | | R IN U. S. ARMED FORCES? 16. | social security No. 719-05-6490 | MRS CALVIA | N HOFFM | | AGEF | MD. | |
| 1 | | TH [Enter only one couse per lint TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO | ye certici | thfore | tion | | | INTERVAL ONSET A | BETWEEN HT DEATH |
| z | Conditions, if or gove rise to it couse (o), stoting lying couse lost. | mmediate (| | arctic He | | | | 10 - | AC ALITOPSY |
| CERTIFICATION | PARI II. OTP | | | | | | IN IIN FAKI | PEI | REFORMED? |
| | | S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURI | RED. (Enter noture of injury in | Port I or Port II o | of item IB.) | 3-2 | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | While | | PLACE OF INJURY (Home, forn foctory, street, office bldg., etc | | town) | (C | County) | (Stote) |
| | actual signature | at I attended the deceas | ed fram APT. O, and that dea | 195 (5 to 5) th accurred at 10:30 (| | causes and | d an the | | |
| 22 | PHYSICIAN'S NAME (Type) | N, 22b. DATE THEREOF | 22c, NAME OF CEMETERY | OR CREMATORY | 27d. LOCATION | Why. | r county) | ne | Stote) |
| | REMOVAL ISPACION | 1/29/60 | 15 A 20 | ORMED CHURCH | | INGTON | CO. | MI | |
| 6 | W. J. MA | Euclas Ha | 18/ slowy | DATE DATE | | ZAD. KEGIS | INAK 3 3IC | MANIONE | |

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Reg. Dist. No.

| COUNTY Wa | shington | | MARYLAND | | | | | | | | |
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| and give nearest town | | RURAL | c. LENGTH OF STAY IN 16 | | | | | | | | |
| NAME OF HOSPIT | AL OR INSTITUTION (| - | | d. STREET ADDRESS | | neague S | St. | e, IS RESIDENCE ON A FARMA YES NO P | | | |
| NAME OF DECEASED | Fir | of | Middle | Lost | 4. DATE | Month | Day | | | | |
| EX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED 8. | DATE OF BIRTH | DEATH | 9. AGE (In years Jost birthday) | IF UNDER TYEAR | IF UNDER 24 HRS. Hours Min. | | | |
| USUAL OCCUPATION | | done 10b, KI | inp of susiness or industruilding | TY 11. BIRTHPLACE (State | ar foreign o | 02 yrs. | 12. CITIZEN O | F WHAT COUNTRY? | | | |
| FATHER'S NAME | Frank Sta | | ntractor | 14. MOTHER'S MAIDEN N | AME | | . 1 0. 0 | • 23- | | | |
| | ER IN U. S. ARMED FO | RCES? 16. S | 1 00 1.004 | FORMANT | | 1 Odden | | ocheague rt Md. | | | |
| | H WAS CAUSED BY: | se per line fi | or (a), (b), and (c).] | y Ocella | ni | 2 | INTE | RVAL NETWEEN ET AND OLATH | | | |
| gave rise to immed (a), stoting the s | liate cause | | Che Mi | 14 reary | Lita | 2 | 16 | Poent | | | |
| | | DITIONS COL | NTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMIN | NAL DISEASI | E CONDITION GIVE | | 9. WAS AUTOPSY PERFORMED? | | | |
| 20a. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH. | SE WAS NTRIBUTING (| b. DESCRIBE | HOW INJURY OCCURRED. (En | ter nature of Injury in Part | I or Part II | af item 18.) | | | | | |
| 20c. TIME OF INJUI Hour a. m. p. m. | Y Month, Day, Yea | While | Not while facto | E OF INJURY (Home, farm, ry, street, office bldg., etc.) | 20f. (City | or town) | (County) | (State) | | | |
| | | | | | bernd . | | _ | , and find that | | | |
| ACTUAL SIGNATURE | 1.50 | 0 | 263 | _M.U. | | | 11. | DATE SIGNED | | | |
| EXAMINER'S NAME (Type) | TI E W | A | TO S | DEPUTY MEDICAL E | XAMINER | <u> </u> | //3 | 160 | | | |
| REMOVAL (Specify) | Jan. 16 | | Harmony Cen | etery | Near | Maolowe | e W. Va | _ | | | |
| A CENT | Xeof | 20. | illeonesper. | 11 11 1 | | 0 | | - | | | |
| | COUNTY Wa CITY OR TOWN (IF ond give nearest fown 1.1.1 amsp. NAME OF HOSPIT. OS. O NAME OF HOSPIT. PRECEASED EVING. FATHER'S NAME WAS DECEASED EVING. OF Unknown INO. 18. CAUSE OF DEAT PART I. DEAT PART II. OTH Conditions, if or gove rise to immed (a), storing the secouse last. PART II. OTH 200. EXTERNAL CAL PRIMARY I or CO CAUSE OF DEATH. 200. TIME OF INJUE HOUR OF INJUE HOUR OF INJUE HOUR OF INJUE BURIAL CREMATIO REMOVAL (Specify) LT 1.2. I CEPTIFY BURIAL CREMATIO REMOVAL (Specify) LT 1.2. I CEPTIFY BURIAL CREMATIO REMOVAL (Specify) LT 1.2. I CEPTIFY LT 1.2. I CEPTIFY BURIAL CREMATIO REMOVAL (Specify) LT 1.2. I CEPTIFY LT 1.3. I CEPTIFY LT 1.4. I C | COUNTY Washington CITY OR TOWN (If owhide corporate limits, write and give nearest town) 111amsport NAME OF HOSPITAL OR INSTITUTION (I) OS. ONOCOCHEAS NAME OF SITE OF S | COUNTY Washington CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest fown) 111amsport NAME OF HOSPITAL OR INSTITUTION (If not in hosporate of the process of the | COUNTY Washington CITY OR TOWN (If outside corporate limits, write RURAL or INTERPRETATION of give necreal lown) 111amsport NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OS. ONOCOCHEAGTE St. AMME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OS. ONOCOCHEAGTE St. AMME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) White Franklin EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED J. USUAL OCCUPATION (Give kind of work done VIDO, KIND OF BUSINESS OR INDUSTIVING most of working life, even if retired) Laborer FATHER'S NAME Frank Staubs WAS DECEASED EVER IN U. S. ARMED FORCES? (In. SOCIAL SECURITY NO. 17. IN no. or unhawn) If yes, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) Laborer is to immediate cause (o), storing the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 19. IN or while at work | COUNTY Washington CITY OR TOWN (if varied coppered limit), write RURAL and give street oddress) Liliamsport NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. Williams AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCheague St. Williams AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress) O. S. CONOCOCHEAGUE St. O. STATE M. O. S. CONOCOCHEAGUE St. O. S. CONOCOCHEAGUE St. O. STATE M. O. S. CONOCOCHEAGUE St. O. S. CONOCOCHEAGUE St. O. STATE M. O. S. CONOCOCHEAGUE St. O. S. CON | COUNTY Washington CITY OR TOWN If enable corporate limit, withe RUEAL CITY OR TOWN If enable corporate limit, withe RUEAL CITY OR TOWN If enable corporate limit, withe RUEAL CITY OR TOWN If enable corporate limit, withe RUEAL COURT TOWN If enable corporate limit, withe RUEAL COURT TOWN INSTITUTION (If not in hospital, give street address) LOS. CONOCOCHE STEE CONOCOCHE STEE CONOCOCHE STEE CONOCOCHE STEE CONOCOCHE STEE CONOCOCHE STEE MIDDIE TO CONTROLL OR INSTITUTION (If not in hospital, give street address) LOS. CONOCOCHE LOS. CONOCOCHE CONOCOCHE STEE CONOCOCHE CONOCOCH | COUNTY Washington MARYLAND CITY OR TOWN If wonder corperies limits, write RURAL and give answers termed the wonder the | COUNTY Washington ARTHANO CITY OF TOWN If the white depreted limit, white RURAL CITY OF TOWN If the white depreted limit, white RURAL CITY OF TOWN If the white depreted limit, white RURAL CITY OF TOWN If the white depreted limit, white RURAL and give or white the white property in the property of the white property in the prope | | | |

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BY ANOMITE AS A THE SEPART OF THE MET STATE OF A TYRA !

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257 CERTIFICATE OF DEATH

| D: . | 303 |
|------|---------|

| | | 125 | _ GERTHIN | | | | | Reg. Dis | t. No. 🗦 | 302 |
|---|---|-------------|---|----------|--|---------------|---------------------------|-------------|----------------|-------------|
| 1. PLACE OF DEATH | | | 3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 2. | USUAL RESIDENCE (WI | here decease | | | e before odr | nission) |
| | shington | | MARYLAN | D | Marvla | and | b. COUNTY | Wash | ingtor | 1 |
| b. CITY OR TOWN (| If outside corporate limi | ts, write | c. LENGTH OF STAY IN 1 | ь | c. CITY OR TOWN (If | outside corp | orote limits, write R | URAL ond g | ive nearest to | own) |
| RURAL ond give in Hagerston | | | | 1 | 3 Hagers | stown | | | | |
| d. NAME OF HOSPIT | TAL (If not in hospital, g | ive street | address) | | d. STREET ADDRESS | JOONIL | | | e. IS | RESIDENCE |
| OR INSTITUTION | tomac Street | e t | | | 335 N. Pot | tomac | Street | | | NA FARM? |
| 3. NAME OF | Fit | st | Middle | | Last | 4. DATE | Mon | th | Day | Year |
| (Type or print) | CLARA | | F. | | STEM | OF DEATH | January | | 23 | 19 60 |
| 5. SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | B. D | ATE OF BIRTH | | 9. AGE (In years | IF UNDER | YEAR IF UN | NDER 24 HRS |
| Female | White | WIDOW | DIVORCED | I Ju | ne 30, 1866 | 5 | last birthdoy) 93 yrs. | Months | Days Hou | rs Min. |
| | ON (Give kind of work | | KIND OF BUSINESS OR IN | | | | | 12.CITIZ | EN OF WHA | T COUNTRY |
| during most of wor | king life, even if retired |) | 4 | | | | | | | |
| Housewille | | | | 1, | Washington | | ity, Md. | 0. | S.A. | |
| 3. FATHER 3 NAME | TT1 | | | Ι, | | | | | | |
| | Unknown | | | | | known | | | | |
| 15. WAS DECEASED EVE (Yes, no, or unknown) | R IN U. S. ARMED FOR (If yes, give war or dates of s | | SOCIAL SECURITY NO. | INFO | RMANT | | Add | ress | | |
| no | | | none | Mr. | Harvey W. | Stem | Detroit | , Mic | h. | |
| 18. CAUSE OF DEA | ATH [Enter only one co | use per lie | ne far (a), (b), and (c).] | | | | | | INTERVAL | BETWEEN |
| PART I. DEA | TH WAS CAUSED BY: | · Ce | wheal The | m | bris | | | | 32 | ND DEATH |
| CO. O | DUE TO | | | | | - | | | 1 | 1 |
| Conditions, if a | an mhist V | 1 | .de l. | | | | | | 1/c | as. |
| gave rise to i | mmediate | | week go acc | 100 | | | | | 17 | 1 |
| couse (a), stating | the under- | | | | | | | | | |
| lying couse lost. |) (0 | | | DUIT NO | T DC: 4750 TO THE TODAY | IN CALL DISCA | er compliant on | COLUMN BART | 1 120 140 | AC AUTOBOV |
| PART II. OII | HER SIGNIFICANT CON | DITIONS | ONTRIBUTING TO DEATH | BUI NO | I KELATED TO THE TERM | INAL DISEA | SE CONDITION GIV | EN IN PAKI | PER | REORMED? |
| ₫ | | | | | ne (Ellera) | | | | YES | □ NO □ |
| PART II. OTH | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 20b. DES | CRIBE HOW INJURY OCCU | RRED. (E | inter nature of injury in | Part I or Pa | rt II of item 1B.) | | | |
| | | - 001 1 | WINY OCCUPATED 20- | DIACE | OF INITURY /U f | 1205 (6) | | 16 | | (6) |
| 20c. TIME OF INJUR Hour o. m. p. m. | | While | JURY OCCURRED 20e. Not while | | OF INJURY (Hame, farm , street, office bldg., etc | | y or town) | (C | ounty) | (State |
| ₩ p. m. | 19 | at wor | | | Fra | 10- | A / | | | |
| 21. I certify th | at I attended the | deceas | ed from 18 yz | en | 19 (10 ta | 20) | yen 1900 | that I las | st saw the | deceased |
| alive an | 23 yan | | e o and that des | ath ac | curred at 4:60 7 | M from | the causes an | | | |
| | 610 | 1 4 | , sind ing. do. | | | | Street, city or town, | | ם מוכי אומו | ATE SIGNE |
| ACTUAL | 9011 | 621 | an. | | | | | C 10 | 11 | 74. /las |
| SIGNATURE | Aur | 1000 | | M.D | • | | | | | 20/00 |
| PHYSICIAN'S NAME (Type) | (/ | | | | | | | 8.6 | | |
| 220. BURIAL, CREMATIC | N, 226. DATE THEREC |)F | 22c. NAME OF CEMETER | Y OR CI | REMATORY | 22d. LOC/ | ATION (City, town, | or county) | (9 | itote) |
| REMOVAL (Specify) Burial | 1/30/19 | 60 | Rose Hill | Ceme | terv | Нао | erstown | | Marvl | and |
| 23. FUNERAL DIRECTOR | 'S SIGNATURE | ** | ADDRESS | - 010 4 | | D BY REGIS | | STRAR'S SIG | | |
| Suter-itouz | er Funeral | Home | Hagerstown | . Md | DATE | ER 1 | '60 | Irthur S | . Trans | |

r death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours the registror priar to burial, cremation, ar removal, and in any event within 72 haurs after death. may be retained by the hospital ar attending physicion. TO HOSPITAL

VS A15 (4) 15M 9/5B e commission named and the state of the stat Subscriber Passeral Rock Hagaratown, 16.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01274

| | | 1959 | Itoms | CERTIFIC | CAT | E OF DEATH | o.t | | · · | |
|-------------|---|--|--------------------------------|-----------------------|---------------------|--|------------------------|---------------------------------------|----------------|------------------------------------|
| 1. F | LACE OF DEATH | nation | | MARYLA | 11 | O. STATE | 1 | If institution: Residue. COUNTY | dence before o | odmission) |
| t | | f outside corporate lim | its, write c. I | LENGTH OF STAY IN | 1 1Ь | c. CITY OR TOWN (If or | | nits, write RURAL a | nd give neares | t town) |
| /1 | anorst | awa | 3 | month | | 120415 | - Mur | (1) | 10 X | - 1 |
| 1 4 | OR INSTITUTION | AL (If not in hospital, 141. State | Hos | ess) | | d. STREET ANDRESS | | | | S RESIDENCE ON A FARM? ES NO |
| 1 | IAME OF DECEASED Type ar print) | Lucy | rst | Cindy | | STEVARS | 4. DATE OF DEATH | Month | Day 14 | 1960 |
| 5. S | EX Female | 6. COLOR OR RACE | 7. MARRIED WIDOWED | NEVER MARRIED | | SS.5 | 9. AG | E (In years IF UND birthday) Month | | UNDER 24 HRS. |
| 10a. | during most of work | ON (Give kind of work king life, even if retired LSC W/6 | 1) | O OF BUSINESS OR | INDUSTR | 11. BIRTHPLACE (Stole | or fareign country) | | CITIZEN OF W | HAT COUNTRY? |
| 13. | LOME LONG | 13 \a | mare | 1 | | 14. MOTHER'S MAIDEN N | | aletto | owho | M |
| 15. (Yes | WAS DECEASED EVE | R IN U. S. ARMED FO (If yes, give war or doles of | RCES? 16. SOC | AL SECURITY NO. | 17. INFO | S Halley | Jewe | Address | 1ds 1 | 41 |
| | 18. CAUSE OF DEA | TH [Enter only one o | ouse per line fo | r (o), (b), ond (c).] | | 1 1 | 1 | 1 + | ONICET | AL BETWEEN AND DEATH |
| | PART I. DEA 420.1 | TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO | 4 | on ary | injo | cardial in | faritio | n posum | 3 y | ears |
| | Conditions, if o gove rise to it couse (o), stoting lying couse lost. | mmediote (| Hyp | er tens; | wi. | Cardio Vi | as Calar | dislas | e 4 y | 12013 |
| ATION | PART II. OXI- | HER SIGNIFICANT COI | . 1 | LEBUTING TO DEATH | H BUT NO | OT RELATED TO THE TERMIN | NAL DISEASE CON | DITION GIVEN IN I | | WAS AUTOPSY PERFORMED? |
| CERTIFIC | 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY | AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESCRIBI | HOW INJURY OCC | URRED. | (Enter nature of injury in P | Part I ar Part II of | item 1B.) | | |
| MEDICAL | 20c. TIME OF INJUR Hour o. m. p. m. | Y Month, Doy, Yo | 20d. INJUR While at work | Not while | De. PLACI foctor | E OF INJURY (Home, farm, ry, street, office bldg., etc. | 20f. (City or tov | vn) | (County) | (Stote) |
| | 21. I certify tho | ot (I) (this hospito | l) offended | / | | ct. 22 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | 1/ | | - | (I) (we) lost oted obove. |
| | 22o. SIGNATURE | Young | 8.1 | Thum | M.1 | D. ATTENDING ME | D. STA | FF | Jan, | 226. DATE 5 SIGNED 15 1960 |
| | 22c. PHYSICIAN'S NAME (Type) |) 5 | | | | 22d. ADDRESS 150 | o Penna | I. Ave. | Hagers | Town, Md |
| 230 | BURIAL, CREMATIO REMOVAL (Specify) | DN, 23b. DATE THERE | OF 23 | LES LIT | RY OR C | REMATORY | Bayd | City, town, or count | md | (Stote) |
| 24. | FUNERAL DIRECTOR | S SIGNATURE | Vou & | ADDRESS) | ello | me 25a. REC'E | by registrar | 25b. REGISTRAR'S | | |

may be retained by the hospitol or othending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, a family has detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL VR A15 (4) 15M 9/59

death. Poge 4

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24a. REC'D BY REGISTRAR

DATE JAN 1 4 '60

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

TO FUNERAL DIRECTOR: be retained poge may VS A15 (4) 15M 9/5B

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23. FUNERAL DIRECTOR'S SIGNATURE

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| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 | 1 |
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| 4.0.00 | |

1260 **CERTIFICATE OF DEATH** Reg. Dist. No.

| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COLINITY | | | | | | | |
|------------------------------|---|------------------------------------|-----------|--|-------------|----------------|------------------------------------|-------------|----------------|------------|--|
| . COUNTY Was | shington | MAR | YLAND | D. C. b. COUNTY | | | | | | | |
| b. CITY OR TOWN | (If outside carporate limit | s, write c. LENGTH OF STAY | Y IN 1b | c. CITY OR TO | OWN (If or | utside corpore | ote limits, write R | URAL and gi | ve nearest tow | n) | |
| Hager | | 2½vears | | Wash | ingto | n | 47 | x - 3 | | | |
| d. NAME OF HOS | PITAL (If nat in haspital, g | | | d. STREET AD | | | | | | SIDENCE | |
| OR INSTITUTIO | N Convalescent | Home | | 3615 J | ocely | n St. | N. W. | | | NO PQ | |
| 3. NAME OF | Fire | | | Lost 4. DATE Manth | | | | | Day | Year | |
| DECEASED (Type ar print) | EMMA | MARY | | THOM | AS | OF | January | | 3 | 1960 | |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED NEVER MARR | RIED B | . DATE OF BIRTH | | 9 | AGE (In years lost birthdov) | | YEAR IF UND | ER 24 HRS. | |
| Female | White | WIDOWED DIVORCE | ED 🗌 | July 19, | 1873 | 3 | lost birthdoy) 86 yrs. | Mulitis | Juys Hours | Min. | |
| 10a. USUAL OCCUPA | TION (Give kind of work | ione 10b. KIND OF BUSINESS | OR INDUST | TRY 11. BIRTHPLA | CE (State o | or fareign co | intry) | 12. CITIZ | EN OF WHAT | COUNTRY? | |
| Housew. | orking life, even if retired) | | | New | York | City | | | U.S.A. | | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S A | | | | 1 | | | |
| 6.4 | am Douglasss | | | | Kathe | mino I | leissenb | nak | | | |
| | VER IN U. S. ARMED FOR | CES? 16. SOCIAL SECURITY NO | O IN | FORMANT | Matrie | TTHE I | Add | | | | |
| (Yes, no, or unknown) | (If yes, give wor or dates of se | ervice) | | | | 2.7 | | | D C | | |
| no | | none | Mr | s. Ruth | Heitm | meller | · Washi | ngton | D. C. | | |
| 18. CAUSE OF D | DEATH [Enter only one ca | use per line far (a), (b), and (c) |).] | | 12 | 1 1 | | | INTERVAL B | ETWEEN | |
| PART I. D | PEATH WAS CAUSED BY: IMMEDIATE CAUSE (a | neu | mor | ua v | bila | Pres | | | 3 60 | eeks | |
| 490 X | DUE TO | | | | | | | | | 100 | |
| Conditions, if | | | | | | | | | | | |
| gave rise to | immediate | | | | | _ | | | | | |
| couse (o), statis | ng the under- DUE TO | | | | | | | | | | |
| lying couse las | | | | | | | | | | 111 | |
| PART II. C | OTHER SIGNIFICANT CON | DITIONS CONTRIBUTING TO DE | EATH BUT | NOT RELATED TO | THE TERMI | NAL DISEASE | CONDITION GIV | EN IN PART | 1(a) 19. WAS | ORMED? | |
| PART II. C | P. touro Sclerosis generalized YES NO | | | | | | | | | | |
| 20a. ACCIDENT OR CONTRIBUTIN | WAS UNDERLYING DATH CAUSE OF DEATH FY MEDICAL EXAMINER) | 206. DESCRIBE HOW INJURY | OCCURRED | . (Enter noture af | injury in P | ort I ar Port | II of item 1B.) | | | | |
| 20c. TIME OF INJ | URY Month, Day, Yea | | 20e. PLA | CE OF INJURY (H | lome, farm, | 20f. (City | or town) | (Co | ounty) | (Stote) | |
| p. n | 10 | While Not while at wark ot wark | | .,,,, | | | | | | | |
| 21 Leartify | that I attended the | deceased from | may | 1957 | . ta | | , 19, | that I las | t saw the | docease | |
| | Oda 3 | 10011 | | / | 1.13 | | | | | | |
| alive an | | , 1990, and tha | it death | accurred at_ | 50 | | he causes an eet, city or tawn, | | | d abave | |
| ACTUAL | 200 | 111-1/1/11 | | 120 | | DI | | storej | 1/2 | / SIGNED | |
| SIGNATURE | 1.11 | 1388 MA | A | 1.D. 129 | W. | PO I GV | 14C | | 1/3/ | 60 | |
| PHYSICIAN'S NAME (Type) | HOWARD | Ni hles | iks. | 1 | AGO | rsTo | WN | | MD. | | |
| 220. BURIAL, CREMAT | TION, 226. DATE THEREC | F 22c. NAME OF CEA | METERY OR | CREMATORY | | 22d. LOCAT | ON (City, town, | or county) | (Sto | ite) | |
| Crematio | $\frac{1}{n}$ 1-4-60 | Cedar Hi | ill (| Cremato | | Suft | land, | Maryl | and | | |
| 23. FUNERAL DIRECTO | uzer Funeral | Home ADDRESS | | | 24a. REC'E | BY REGISTE | AR 24b. REGI | STRAR'S SIG | NATURE | | |
| R. Frankly | Rayer | Hagersto | wn, Md | • | DATEAN | 5 '60 | Carl | wa & to | Inua | | |

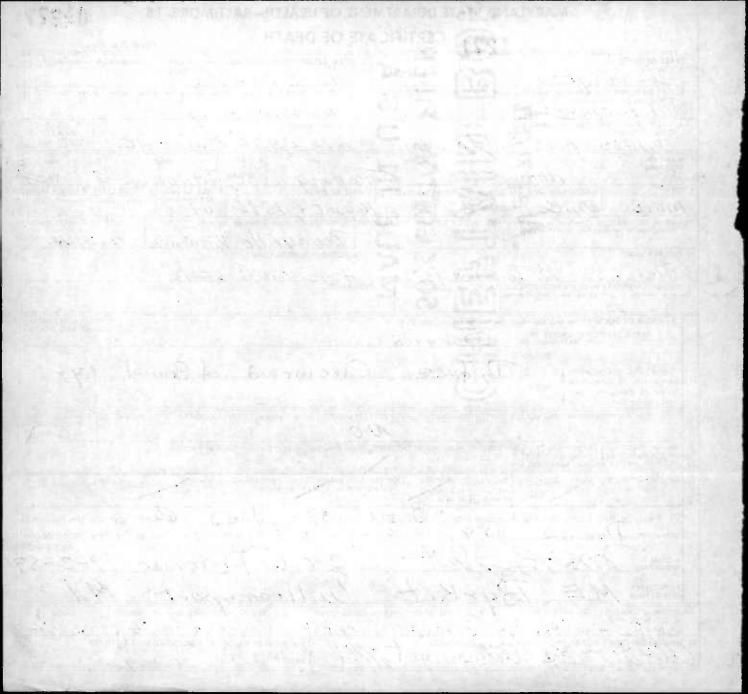
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in ony event within 72 hours, after death. VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01277

| | | 1271 | CERTIFIC | ATE OF DE | ATH | | Reg. Dist. I | No. | |
|--|---|----------------------|---------------------|---|---------------------------------|---------------------------------|-----------------|---------------|-----------------|
| 1. PLACE OF DEATH o. COUNTY Wash | ington | | MARYLAND | 2. USUAL RESIDEN a. STATE (UCS) | t Ving | b. COUNTY | on: Residence b | efore admissi | ian) |
| b. CITY OR TOWN (II RURAL and give ne | | s, write c. LEI | NGTH OF STAY IN 16 | 1 | . / | porate limits, write R | URAL ond give | nearest tawn |) |
| d. NAME OF HOSPIT OR INSTITUTION | AL (If not in hospital, gi | Sanite | erlium | d. STREET ADD | EBST EBST | Bunke | St. | | IDENCE FARM? |
| 3. NAME OF DECEASED (Type or print) | HARI | | Middle | Trenary | 4. DATE OF DEAT | 4 | th 9114 C | 0 - | Year 195 |
| 5. SEX | 6. COLOR OR RACE | MARRIED WIDOWED | NEVER MARRIED | 8. DATE OF BIRTY | 1891 | 9. AGE (In years lost birthday) | Months Doy | | R 24 HR Min. |
| 0a. USUAL OCCUPATIO | ON (Give kind of work ding life, even if retired) | lane 10b. KIND | | BEHILL | E (State ar fareign | | | OF WHATCH | OUNTR |
| 3. FATHER'S NAME | den B. | Trena. | пи | 14. MOTHER'S MA | MOEN NAME | Stole | | | |
| 15. WAS DECEASED EVER | R IN U. S. ARMED FORG | | L SECURITY NO. | INFORMANT | | Add | ress | | |
| | TH [Enter only one country TH WAS CAUSED BY: | use per line far (| (a), (b), and (c).] | | | | 1 | NTERVAL BE | TWEEN |
| Canditions, if an gove rise to in cause (a), stoting lying couse lost. | the <u>under-</u> DUE TO | - V | use | Carcir | | 0 500 | <i>v</i> 91 | 140 | |
| PART II. OTH | ier significant cond | DITIONS CONTRI | IBUTING TO DEATH BU | NOT RELATED TO TH | HE TERMINAL DISE | ASE CONDITION GIV | 'EN IN PART 1(c | PERFO | RMED? |
| | S UNDERLYING CADGE OF DEATH MEDICAL EXAMINER) | 20b. DESCRIBE I | HOW INJURY OCCURRE | ED. (Enter nature of in | ijury in Part I ar P | art II af item 18.) | | | |
| 20c. TIME OF INJUR Hour a. m. p. m. | Y Month, Doy, Yea | While h | OCCURRED 20e. PI | ACE OF INJURY (Horictary, street, office bl | me, form, 20f. (C dg., etc.) | ity or town) | (Caun | ity) | (Stat |
| 21. I certify the | at I attended the | deceased fro | | 1 accurred at 6 | A.M. fran | | d an the de | ate stated | abav |
| ACTUAL SIGNATURE | West? | Syl | et. | M.D. 28 | W 7 | Street, city or town, | state) | 1-3 | -S |
| PHYSICIAN'S NAME (Type) | YE. 7 | Byr | Kit | Wil | Liam. | sport | - / | 41 | |
| 220. BURIAL, CREMATIO REMOVAL (Specify) | 6 JANII | 960 G | NAME OF CEMETERY O | CEMETERY | 22d. LOC | ARTINS BU | 1RG, | (State | VA |
| 23. SUNTERAL DIRECTOR | S SIGNATURE | Villie | andress myfort | 0/11/11 | a. REC'D BY REG | 60 | STRAR'S SIGNA | TURE | |



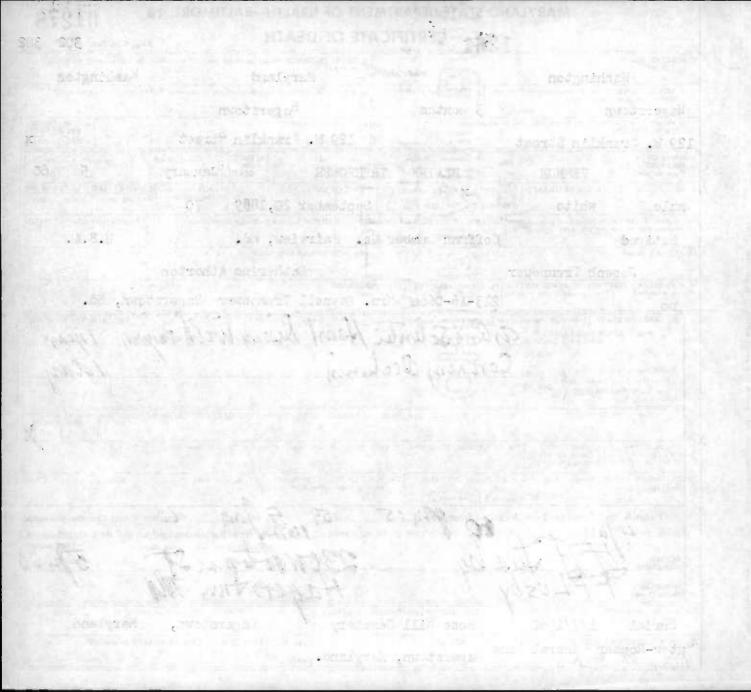
01278

| | 1201 | Reg. Dist. No. 342 30 |
|---|---|---|
| | | WAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) |
| l | Washington MARYLAND | Maryland Washington |
| I | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Hagerstown 3 months 03 | Hagerstown |
| | OR INICITITION | STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| | 129 W. Franklin Street /1 | 29 W. Franklin Street YES NO 2 |
| | 3. NAME OF DECEASED (Type or print) VERNON BLAINE TRUMP | OWER 4. DATE Month Day Year DEATH January 5 1960 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE | E OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bighdoy) Months Doys Hours Min |
| | male white widowed Divorced Sep | tember 20,1889 70 yrs. Months Doys Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coffman Lumber Co. | 1. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? |
| | | MOTHER'S MAIDEN NAME |
| l | Joseph Trumpower | Catherine Atherton |
| ľ | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORM | ANT Address |
| | | aynell Trumpower Hagerstown, Md. |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if ony, which gove rise to immediate couse (b). DUE TO (c) | -in Iday |
| ı | CATIC | ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | r noture of injury in Port I or Port II of item 18.) |
| | | INJURY (Home, farm, reet, office bldg., etc.) (City or town) (County) (Stote |
| | 21. I certify that I attended the deceased from IS, alive an IS, and that death accu | 1959, ta 5 4 4 1 last saw the decease rred at 157 W fram the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNE HALLO MY MA |
| | 220. BURIAL, CREMATION, REMOVAL (Specify) 1/7/1960 22c. NAME OF CEMETERY OR CREME TO PROSE Hill Cemete | |
| 1 | 25 FUNERAL CHRECTOR'S SIGNATURE Home ADDRESS HER-ROUZER UNERAL Home Hagerstown, Maryl | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE And DATE JAN 8 '60 Carthur 8. Knows |

in by the funeral directar, attending physician and TO HOSPITAL CALITENDING PHYSICIAN: The law requires that the may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

VS A15 (4) 15M 9/58



1262 **CERTIFICATE OF DEATH** 01279

| PLACE OF DEATH COUNTY Washington | ARYLAND | 2. USUAL RESIDE | ENCE (Whe | ere deceosed l | ved. If institution | on: Residence | e before ad | mission) | |
|---|-------------|--|-------------|------------------------|---------------------|---------------|-------------|------------------------|--|
| | | Marvl | and | Was | hing to | n | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | TAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| Hagerstown 10 Mo | 8 0 | o3 Hag | erst | town | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION | | d. STREET AD | DRESS | | | | | RESIDENCE N A FARM? | |
| Western Md. State Hospital | 1 | 828 1 | The | Terra | ce | | | □ NOX | |
| 3. NAME OF DECEASED (Type or print) HENRIETTA AUGUST | - 0 | WAGNI | ER | 4. DATE OF DEATH | JA) | th. | Day | Year 1960 | |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA | RRIED 🗍 B. | DATE OF BIRTH | | 9. | AGE (In years | | | NDER 24 HRS. | |
| Female White WIDOWED DIVOR | RCED 🔲 | March | 8 18 | 888 | 7] yrs. | Months | Days Hou | ors Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Hom | | | | | ew Yor | | USA | AT COUNTRY? | |
| 13. FATHER'S NAME | | 14. MOTHER'S A | AAIDEN N | AME | 184 | | | | |
| Arthur Hammer | | Wi | Ther | rana N | ustere | r | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY | NO. INF | ORMANT | | | Add | | | | |
| (Yes, no. 90 unknown) (If yes, give war or dates of service) None | Mrs | Cather | ine | Conr | ad | | | | |
| 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and | (c).] | 720 1116 | ; 161 | Hage | rstown | Md. | | BETWEEN ND DEATH | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TERMINA | L UI | REMIA | | | | | 7 | DAVS | |
| 4443 X DUE TO | | | | Marie Control | 1 | | | / | |
| Conditions, if ony, which) (EREBRAL) | THROMP | BOSIS W. | ITH K | RIGHT 1 | EMIPL | EGIA | 1362 | DAYS | |
| gove rise to immediate | 117 1-7 122 | | | | | - | | 1 | |
| lying couse lost. | EROTIC, | HYPERTE | NSIVE | CARDIE- | PEELAR | DISEA | SE 7/ | 2 YEAR | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | | | | | | | 1(o) 19. W | AS AUTOPSY | |
| 3 GENERALISED HRTERIOSCLEROSIS. | DIRE | BETES | MEL | LITUS | | | | RFORMED? | |
| 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION OF MEDICAL EXAMINER) | Y OCCURRED. | (Enter noture of | injury in P | ort I or Port I | of item 18.) | | | | |
| Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of work of work of work | | E OF INJURY (Herry, street, office | | | r town) | (0 | ounty) | (State) | |
| 21. I certify that I attended the deceased from JU. | NE 5 | , 1958, | to_1/ | 7N. 7 | 1960 | that I la: | st saw the | e deceased | |
| alive on JAN. 7 1960 and the | nat death a | ccurred at | .308 | M. fram th | | | | | |
| | | | | | et, city or town, | | | DATE SIGNED | |
| SIGNATURE GEORGE Blicu | М. | D. 150 | DOP | ENNS | YL VANI | AAV | E. 1 | 17/60 | |
| PHYSICIAN'S DR. GEORGE BERCU |), | HAC | FERS | TOWN | I, MAR | YLAND | <u> </u> | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C | EMETERY OR | CREMATORY | | 22d. LOCATIO | N (City, town, | or county) | (| Stote) | |
| Burial 1/9/59 Rose H | 111 Ce | emetery | | Hager | stown | Wash | Co N | d. | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | 240. REC'D | BY REGISTRA | R 24b. REGIS | STRAR'S SIC | | | |
| Andrew K. Coffman Hagerstown | Md. | | DATE J | AN 1 3 '6 | 0 | bithun S | . Thank | | |

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/58

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

death. Page

091

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Hagerwtwon, Md.

VS. A15ME(5)

23. FUNERAL DIRECTOR'S SIGNATURE

W. Kraiss

5M 9/55

e. IS RESIDENCE

YES NO

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO 4

(Stote)

and find that

DATE SIGNED

(Stote)

1960

Min.

Day

26

Days

(County)

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

DATE AN 2 9 '60

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ON A FARM?

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MARYLAND

c. LENGTH OF STAY IN 16

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certificote

death

08

PLACE OF DEATH o. COUNTY Washington b. CITY OR TOWN (If outside corporate limits, write RURAL and grange rest town town d. NAME OF HOSPITAL (If not in hospital, give street address) Washington County Hospital NAME OF DECEASED

days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

d. STREET ADDRESS 2111 Jefferson Blvd. e. IS RESIDENCE ON A FARM YES NO

Yeor

Ilga (Type or print) Female

May Warrenfeltz 6.-COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH White WIDOWED DIVORCED |

April 5, 1893

14. MOTHER'S MAIDEN NAME

9. AGE (In years Spirthdoy) Months

January

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATMaryland
b. COUNTY Washington

60 IF UNDER 1 YEAR IF UNDER 24 HRS. Days

10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired)

Own Home Near Myersville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Mahlon Luther Rice

Anna M. Grove

WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

INFORMANT Paul E. Warrenfeltz Address Hagerstown

Md.

INTERVAL BETWEEN ONSET AND DEATH

DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost.

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

PERFORMED? YES NO

(Stote)

20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

o. m.

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that I attended the deceased from alive an

of work of work

and that death accurred at la

1969that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

Paul Harrison

Doy,

Hagerstown

22b. DATE THEREOF 220. BURIAL, CREMATION,

22c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemeterv 22d, LOCATION (City, town, or county Myersville

. Potomac St

23. FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE arthur S. Kraus

FUNERAL D poge 0 VS A15 (4) 15M 9/5B

hospital for

detoched

should be

DIRECTOR:

Scott F. Minnich &

Son

Hagerstown

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| and James | and A. Marronteller Land | -8150-HE-S15 | Mag gen. |
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| .104 | emetery Tyersville | note . M | Co-mi-1 Torking |
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that the death certificate be

TTENDING PHYSICIAN: The law

| | | | (1) 4 | | | Reg. Dist. | No. |
|------------|---|---|--|---|---------------------------------|---|--|
| 1. | PLACE OF DEATH | nington | MARYLAND | 2. USUAL RESIDENCE (WI | wash follows | | before admission) |
| | b. CITY OR TOWN RURAL and give | (If autside corporate limits nearest tawn) | | c. CITY OR TOWN (If o | outside carporate limits, write | e RURAL and give | nearest tawn) |
| | Hagers | town | 33 Yrs | 03 Hag | erstown | | |
| | d. NAME OF HOSE OR INSTITUTION | PITAL (If not in hospital, giv | | d. STREET ADDRESS | Side Ave | y a | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASED (Type or print) | First MARY | Middle FRANCES | WILLIAMS | 4. DATE OF JENUEL | Agnth 29 18 19 | Day Year 960 19 |
| 5. | SEX | 6. COLOR OR RACE | MARRIED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In year lost birthdo) | IF UNDER 1 Y | EAR IF UNDER 24 HE |
| | Female | White | WIDOWED DIVORCED | July 16 18 | 90 69 7 | rs. Months Do | ys Haurs Min. |
| | a. USUAL OCCUPAT during most of wo House FATHER'S NAME | irking lite, even it retired) | Own Home | | Shenandoah | | USA |
| | Rober | t Snapp | | Mollie | | | |
| 15 | | | ES? 16. SOCIAL SECURITY NO. | INFORMANT | | ddress | |
| (4 | es, no, or unknown) | If yes, give war ar dates of ser | NONE | Chas F. Wil | liams 64 We | est Sid | e Ave |
| | | EATH [Enter anly one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO | ve per line for (o), (b), and (c).] Vascular infarc | 0 | etown Md. myocardial | 10 | INTERVAL BETWEEN ONSET AND DEATH MINUTES |
| | Canditians, if gave rise to cause (a), stating lying couse lost | any, which (b)_ immediate g the <u>under-</u> | Arteriosclerotic | c heart diseas | e | | Indefinite |
| CATION | Part II. O None | THER SIGNIFICANT COND | ITIONS CONTRIBUTING TO DEATH BU | IT NOT RELATED TO THE TERM | nal disease condition (| GIVEN IN PART 1 | a) 19. WAS AUTOPS PERFORMED? YES NO |
| CERTIFI | OR CONTRIBUTIN | VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER) | 0b. DESCRIBE HOW INJURY OCCURR | ED. (Enter noture of injury in | Part I or Part II af item 1B.) | | |
| | | | | | | | |
| MEDICAL CE | 20c. TIME OF INJU | 10 | | LACE OF INJURY (Hame, farm octary, street, affice bldg., etc | 20f. (City or tawn) | (Cou | nty) (Sto |
| 3 | Наиг а. m | that I attended the | deceased fram | nd property, street, affice bldg., etc. 19.52, ta_de 19.52, ta_de 19.52, ta_de 19.52, ta_de 19.52, ta_de 19.52, ta_de | eath 19 | ,that I last and an the d vn. stote) treet | saw the deceas |

may be retained by the haspital ar attending physician. 9 + VS A1S (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Coffman Hagerstown Md.

24a. REC'D BY REGISTRAR DATE JAN 21 '60

24b. REGISTRAR'S SIGNATURE

All a complete the second to And the state of t and the second of the second of the second the second of th THE RESERVE THE PROPERTY OF TH

VS A15 (4) 15M 9/58

| ARYLAND STA | TE DEPARTMENT | OF HEALTH—BALT | IMORE, 18 |
|-------------|---------------|----------------|-----------|
| | | | |

1265 CERTIFICATE OF DEATH

01284 Reg. Dist. No. 302

| 1. PLACE OF DEATH a. COUNTY | Washington | | MARYLAN | o. STATE | ence (wharyle | | d lived. If instituti b. COUNTY | | before odn | |
|---|--|---------------------------|------------------------|---|--------------------------|------------------------|-------------------------------------|-----------------|---------------|------------------------|
| b. CITY OR TOWN RURAL and give | (If outside corporate lim | its, write | c. LENGTH OF STAY IN 1 | b c. CITY OR 1 | OWN (If o | outside corpo | rate limits, write R | URAL and gi | ve nearest to | awn) |
| Hagersto | | | 5 years | 03 На | gers | town | | | | |
| d. NAME OF HOS OF INSTITUTION | PITAL (If not in haspital, s Locust Stre | et | address) | d. STREET A | | ocust | Street | | ON | RESIDENCE N A FARM? |
| 3. NAME OF DECEASED (Type or print) | CORA | rst | Middle MAY | WOLF | | 4. DATE OF DEATH | January | | Day 6 | Year 1960 |
| 5. SEX | 6. COLOR OR RACE | 7. MARI | RIED NEVER MARRIED | 8. DATE OF BIRTH | 1 | | 9. AGE (In years | IF UNDER 1 | | |
| Female | White | WIDOW | ED DIVORCED | March 1 | , 187 | 74 | lost biethday) 5 yrs. | Months D | Days Hou | rs Min. |
| 10a. USUAL OCCUPA during mast af w HOUSEWI | grking life, even if retired | done 10b. | KIND OF BUSINESS OR IN | | | or foreign con | ountry) | | U.S. | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S | MAIDEN N | NAME | | 53/1 | 2011 | |
| I | David H. Spi | elmar | 1 | | Sus | san Sm | ith | | | |
| 15. WAS DECEASEDE | VER IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. | INFORMANT | | e / In | Add | ress | Profession . | |
| no | (if yes, give wor or outer or i | | none | Mrs. Paul | ine I | O. Hol | singer H | agerst | own, I | d. |
| Conditions, if gove rise to cause (o), stating lying cause los | immediate put TC |) | | of Rect | | | | | (| 7 |
| CATIC | rterioscl | rote | i heart | disin | _ | | E.0135 | VEN IN PARI | PER | FORMED? |
| OR CONTRIBUTIN | WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) | 20b. DES | CRISE HOW INJURY OCCUI | RRED. (Enter noture a | injury in | Part I or Por | t II of item 18.) | | | |
| WEDICAL TIME OF INJUNE OF | 10 | 20d. I While of wor | Not while | PLACE OF INJURY (I factory, street, affice | dome, farm bldg., etc | n, 20f. (City | or tawn) | (Co | ounty) | (Stote |
| 21. I certify alive on | ALT ON | 19 1 2 U M | | | Sind | M, fram ADDRESS (SI | the causes are treet, city or town, | d on the state) | date stat | |
| REMOVAL (Speci | 1/9/1960 | | Rose Hill | | 240 PEC' | | erstown. | | and | rare) |
| Suter - Rous | er Funeral | Home | Hagerstown, | Md. | | 1 2 '6 | | Chur S. H | | |

LEGS CHURCAN DA DEATH

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TO HOSPITAL

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081

01285

CERTIFICATE OF DEATH

1268

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY | Washington | MARYLAND | 2. USUAL RESIDENCE (V | Vhere deceased live | | dence before odmi | |
|--|--|---------------------------------------|---|------------------------|--|--------------------|----------------------|
| b. CITY OR TOWN (If RURAL ond give nec | outside carparate limits, write prest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (III | outside corporate | | nd give nearest to | wn) |
| OR INSTITUTION | al (If not in hospital, give stre n County Ho | | A. STREET ADDRESS | ock Maey | | ON | ESIDENCE A FARM |
| 3. NAME OF DECEASED (Type or print) | Josep | h Luther | Wolfe | 4. DATE OF DEATH | Month | fg | Year 60 |
| s. sex | | RRIED NEVER MARRIED DIVORCED DIVORCED | 8. DATE OF BIRTH May 9.1882 | 9. A | GE (In years IF UND Month yrs. | ER 1 YEAR IF UN | |
| 10a. USUAL OCCUPATION during most of working Mechani | ng life, even if retired) | 6. KIND OF BUSINESS OR INDU | | | inty Md. | U.S.A | |
| 13. FATHER'S NAME Jacob L | Wolfe | | 14. MOTHER'S MAIDEN ROSA E | | | | |
| | IN U. S. ARMED FORCES? If yes, give wor or dates of service) | | nformant rs Mary M \ | Nolfe Ha | ancock Mo | 1. | |
| Conditions, if an gave rise to im cause (a), stating the lying cause last. | y, which (b) DUE TO ER SIGNIFICANT CONDITION GUNDERLYING DEATH CAUSE OF DEATH | S CONTRIBUTING TO DEATH BUT | enerolised | arterios | chrosis | PERF | S AUTOPSY FORMED? |
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